

<b>Case Number:</b>	CM14-0173257		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Colorado. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 64 year old female with date of injury 10/13/1993 continues follow up with the treating physician. Patient has pain in neck, right shoulder, upper back, right arm and right hand. She complains of pain, stiffness and burning in the aforementioned areas. Pain is constant and stable at 5/10 with medications. Pain is 7/10 without medications and patient states she "cannot function." Pain Management Physician has assessed patient, office visits 7/22/2014 and 8/28/2014, and plans to assume her care to manage pain. Patient's current medications, as of 8/28/2014 include Norco, Lidoderm, Voltaren gel, and Ibuprofen. Urine toxicology results available are consistent. The patient also has diagnosis of Depression based on PHQ-9 completed 8/28/2014. The Pain Management Physician requests new consult to his clinic so he can continue to monitor and treat patient.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Follow up consult with pain management:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 and Chapter 10, page(s) 163, and 803-804, 859-860

**Decision rationale:** The MTUS Guidelines do not specifically address indications for consultation, so the ACOEM Guidelines were consulted. Per the ACOEM Guidelines, consultation is recommended when the patient's chronic pain condition is related to patient's poor function and no cause clearly evident. Consultation with a specialist can be used then to confirm diagnosis and/or devise treatment regimen, particularly if diagnosis is uncertain or complex, or if psychosocial factors confound. Consultants can also assist in assigning loss, assessing medical stability and determining fitness to return to work. The specialist may offer just advice / input or take over patient care for a given condition. The choice of specialist to consult will depend on the patient needs. (Medical, Physical, Psychological). The records supplied for the patient of concern indicate that patient has a complicated pain history and new onset comorbid psychological disturbance that will need to be addressed in the context of her chronic pain. Based on the above guidelines recommending consultation in these situations, the request for Pain Management consult is medically necessary.