

<b>Case Number:</b>	CM14-0022940		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/12/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 44-year-old female who reported an injury on 03/12/2011 with the mechanism of injury not cited within this documentation. In the clinical note dated 01/31/2014, the injured worker complained of pain to her neck with headaches that radiated down to her shoulders and caused nausea. The physical examination revealed pain, tenderness, a decrease in range of motion, a decrease in strength and sensory deficit. The diagnoses included cervical spine signs and symptoms, multilevel disc protrusions and neural foraminal stenosis, tendonitis/impingement syndrome to the right shoulder, adhesive capsulitis to the right shoulder and status post right carpal tunnel syndrome. Prior treatments included right cervical injections. The treatment plan included scheduling with pain management and was supplied refills of prescribed medication. The request for pain management treatment with rationale was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT TREAT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for pain management treatment is not medically necessary. The California MTUS Guidelines state to consider a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or if pain does not improve on opioids in 3 months; to consider a psych consult if there is evidence of depression, anxiety or irritability; and to consider an addiction medicine consult if there is evidence of substance abuse. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain medication regimen or efficacy. There is also a lack of documentation of the efficacy and duration of the previous cervical epidural spine injections. Furthermore, there is a lack of documentation of the injured worker's pain level status with or without prescribed pain medications. Therefore, the request for pain management treatment is not medically necessary.