

<b>Case Number:</b>	CM14-0023455		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	10/16/2009
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/18/2014
<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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 10/16/2009. The mechanism of injury was not provided. On 01/30/2014, the injured worker presented with left shoulder and ongoing neck pain. Upon examination, the left shoulder range of motion remained restricted with a 20% loss and positive impingement sign. The rotator cuff strength was diminished affecting the supraspinatus. Most upper extremity activity was dependent on the right dominant upper extremity. An x-ray for the left shoulder and cervical spine dated 01/30/2014 revealed significant degenerative changes in both the cervical spine and left shoulder and lower cervical spine with disc height loss and marginal osteophytes. Diagnoses were disorder of rotator cuff, arthritis of the left shoulder region, and cervical spondylosis without myelopathy. Prior therapy included Ultram and Terocin patches. The provider recommended a referral to a pain specialist for evaluation and treatment of the left shoulder and cervical spine, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REFERRAL TO PAIN MANAGEMENT SPECIALIST FOR EVALUATION AND TREATMENT OF THE LEFT SHOULDER AND CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND Edition, 2004, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, page(s) 1 Page(s): 1.

**Decision rationale:** The request for referral to a pain management specialist for evaluation and treatment of the left shoulder and cervical spine is not medically necessary. The California MTUS Guidelines state that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation provides no evidence that the current treatment requested for the shoulder has failed to result in improvement in the injured worker's pain complaints or that she requires complex pain management for control of her shoulder complaints. Based on the submitted documentation reviewed and the medical guidelines, a pain management consultation would not be indicated. As such, the request is not medically necessary.