

<b>Case Number:</b>	CM14-0026000		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 42-year-old male with a 7/20/09 date of injury. At the time (1/16/14) of request for authorization for unspecified pain management treatment, there is documentation of subjective (left-sided neck pain radiating down the left upper forearm and into the thumb and index finger with left hand numbness; and constant moderate left elbow pain with numbness and tingling) and objective (tenderness to palpation over the left posterolateral neck, left levator scapulae and trapezius radiating down the left upper extremity to the dorsal radial forearm, hand and into the thumb and index finger; spasms of the left levator scapulae and trapezius; positive left-sided Spurling's test; positive left shoulder impingement with acromioclavicular joint tenderness and crepitus) findings, current diagnoses (left upper extremity C6 cervical radiculitis, status post comminuted mid shaft fracture of the left humerus, post-traumatic lateral epicondylitis left elbow, left shoulder impingement syndrome, and degenerative joint disease of the left acromioclavicular joint), and treatment to date (medications, cervical traction unit, physical therapy, and activity modification). In addition, medical report plan identifies consultation and treatment with pain management specialist for left upper extremity C6 cervical radiculitis. A 2/26/14 UR determination identifies certification of consultation with pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UNSPECIFIED PAIN MANAGEMENT TREATMENT:** Upheld

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

**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) Independent Medical Examinations and consultations, page(s) 127.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of left upper extremity C6 cervical radiculitis, status post comminuted mid shaft fracture of the left humerus, post-traumatic lateral epicondylitis left elbow, left shoulder impingement syndrome, and degenerative joint disease of the left acromioclavicular joint. In addition, there is documentation of a plan identifying consultation and treatment with pain management specialist for left upper extremity C6 cervical radiculitis. However, given certification of the pain management consultation that is pending, there is no documentation of a specific treatment plan. Therefore, based on guidelines and a review of the evidence, the request for unspecified pain management treatment is not medically necessary.