

Case Number:	CM14-0031183		
Date Assigned:	06/20/2014	Date of Injury:	03/10/2012
Decision Date:	08/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/12/2014

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 and Pain Management 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 57-year-old male who reported injury on 03/10/2012. The mechanism of injury was not submitted in the report. The injured worker complained of neck, left shoulder, and upper back pain. There was no measurable pain level documented. The injured worker was postoperative of the right shoulder, rotator cuff tear 2008 or 2009, the injured worker could not remember which one. Left shoulder surgery 08/2012, and left neck cyst removal. The physical examination dated 02/11/2014 revealed that the neck of the injured worker had no tenderness. Examination of the left shoulder revealed that there was no tenderness. Range of motion on abduction revealed 180 degrees, adduction of 50 degrees, forward flexion of 180 degrees and extension of 50 degrees. Internal rotation with arm abducted to 90 was 80 degrees and external rotation with arms abducted to 90 was 80 degrees. Radiographs of the cervical spine were obtained, radiographs of bilateral shoulders were also obtained, and films of the left shoulder were taken. The injured worker has diagnoses of tear of the rotator cuff and aftercare of musculoskeletal system surgery. Past treatments include surgery, acupuncture, trigger point injections, physical therapy, and medication therapy. Medications include oxycodone/acetaminophen 5/325 mg, Lisinopril 40 mg, pantoprazole 40 mg, and amitriptyline 25 mg. There was no frequency, dosage, or duration documented in the submitted report. Current treatment plan is for a pain management consultation. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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

Decision rationale: The request for referral for pain management consultation is non-certified. The injured worker complained of neck, left shoulder, and upper back pain. There was no measurable pain level documented. The injured worker was postoperative of the right shoulder, rotator cuff tear 2008 or 2009, the injured worker could not remember which one; left shoulder surgery 08/2012, and left neck cyst removal. The California MTUS Chronic Pain Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The progress note dated 02/11/2014 stated that the injured worker had no changes in pain and was doing well. There were no new problems or side effects. The injured worker also stated to be continuing his medication treatment as prescribed. The injured worker stated that the medications were working well. Based on the injured worker's pain being adequately controlled with his current treatment, a pain management consultation would not be supported. Therefore, the request for pain management consultation is not medically necessary.