

<b>Case Number:</b>	CM14-0039827		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Occupational Medicine, 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:

Progress report dated December 4, 2013 indicates the patient complained of neck and left shoulder pain rated as 6/10. The pain in his shoulder is constant. He has pain in his neck when he rotates it. He also reported pain in his lower back which he rated as 6/10. Objective findings on exam revealed tenderness to palpation in the cervical paraspinals and trapezius. Range of motion is diminished secondary to pain. There is also tenderness to palpation over the trapezius on the left as well. He has tenderness over the lumbar paraspinals as well. The patient was diagnosed with cervical strain, lumbar strain, left shoulder strain and lumbar radiculopathy. It is recommended the patient receive acupuncture treatment twice a week for three weeks. Prior utilization review dated March 13, 2014 states the request for consult and treatment of lumbar spine with pain management specialist is not certified. No rationale has been provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**consult and treatment of lumbar spine with pain management specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**Decision rationale:** This is a request for pain management consult and treatment for a 49-year-old with chronic low back and left shoulder pain status post MVA (motor vehicle accident) on August 9, 2013. According to the Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines, specialist consult may be recommended when the case is complex or care may benefit from additional expertise. However, the patient already appears to be treating with a physiatrist. No specific rationale is provided for the request other than failure of conservative care. The request for consult and treatment of lumbar spine with pain management specialist is not medically necessary or appropriate.