MAXIMUS Federal Services

Case Number:	CM14-0046176		
Date Assigned:	07/02/2014	Date of Injury:	01/12/2012
Decision Date:	08/07/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck, low back, mid back, and bilateral knee pain reportedly associated with an industrial injury of January 12, 2012. Portions of the applicant's claim, however, have been administratively contested by the claims administrator, it is incidentally noted. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and manipulative therapy; opioid therapy; and topical compounds.In a Utilization Review Report dated March 26, 2014, the claims administrator apparently denied request for a consultation with a surgeon and a pain management physician. Medications, including Prilosec, Norco, however, were reviewed, as were shoulder corticosteroid injections. The claims administrator denied the consultation on the grounds that the attending provider did not furnish any rationale for the same. The claims administrator cited Chapter 7 ACOEM Guidelines in its denial rationale and incorrectly mislabeled the same as originating from the MTUS. The applicant's attorney subsequently appealed. In a February 10, 2014 progress note, the applicant was described as having persistent complaints of neck pain radiating to the right upper extremity. It was stated that the applicant had failed to respond to eight months of treatment with physical therapy and acupuncture. The applicant was asked to discontinue tramadol. Norco was introduced. The applicant was given a rather proscriptive 10-pound lifting limitation, which the attending provider acknowledged was not accommodated. Prescriptions for Norco and Prilosec were issued. It appeared that consultations were sought, although the note, as noted previously, was extremely difficult to follow. In a July 9, 2013, medical-legal evaluation, it was acknowledged that the applicant was no longer working. In a March 27, 2014 supplemental medical-legal evaluation, the applicant was described as having persistent complaints of shoulder

pain, bilateral, with findings suggestive of bilateral impingement syndrome. The medical-legal evaluator stated that he would not, however, endorse a surgical remedy, unless the applicant later underwent MR arthrography which established the presence of a more discrete lesion amenable to surgical correction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

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

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has longstanding pain complaints. There is some dispute as to whether the applicant is a candidate for shoulder surgery for impingement syndrome and/or that the applicant may have occult labral pathology. Obtaining a surgical consultation to determine the need or lack thereof for a surgical remedy is indicated. Therefore, the request is medically necessary.

Consultation with pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, Chapter 7, page 127.

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

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. The applicant has chronic multifocal pain complaints. The applicant is using opioid therapy, which has apparently not been entirely successful here. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management physician, is indicated. Therefore, the request is medically necessary.