

Case Number:	CM14-0053019		
Date Assigned:	07/07/2014	Date of Injury:	10/19/2012
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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:

This is a 31-year-old male with a 10/19/2012 date of injury, when she was in a client's home washing dishes, and her client lost her balance and fell backward in the kitchen. The patient was helping the client and developed back pain as she was lifting. 4/10/14 determination was non-certified given that the patient has been declared permanent and stationary and future treatment parameters have been clearly outlined and do not include a pain management consultation. 3/10/14 AME report revealed some transient aching in her neck and left shoulder, worse at the beginning and continued. The pain radiated to the right knee and below the knee. There also some radiating into the left hand as well. She indicates the ulnar three digits. Her shoulder bothers her with the use of the shoulder over the head and with lifting and pulling. Exam revealed slight diffuse tenderness in the cervical spine musculature. The supraclavicular fossa was tender on the left side. There was slight medial joint line tenderness over the elbow. There was decreased range of motion of the neck and the left shoulder. There was some diminished sensation distal to a long surgical scar. Left shoulder questionably positive persisting impingement tests. Diffuse tenderness in the lumbar paraspinals muscles. Recommendations include modest treatment. "For the shoulder, the patient would be best to accept her impairment and pursue judicious use of narcotics, nonsteroidal anti-inflammatories, and possible protection of her gastric mucosa to counteract the possible effect of the prior medications. Steroid injections for her elbow would also be appropriate in the future, as would be judicious use of steroid injections for the residual symptoms of her shoulder." 4/3/14 medical report identified 5/10 pain over the left elbow and shoulder. It was noted that a surgical procedure for the shoulder was denied. A request was made for pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional resoration program (FRPs) Page(s): 49.

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), Evaluation and management (E&M) pages 127-156 and on the Non-MTUS Official Disability Guidelines (ODG) Pain Chapter Office Visits.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The patient had chronic elbow and shoulder pain. There was indication that a shoulder surgery was requested and denied. In addition, the patient had an AME which recommended modest treatment for the shoulder and possible steroid injections for the elbow and shoulder. There was no indication of the necessity of future surgical procedures. In that context, a pain management consultation would be appropriate to delineate a more comprehensive treatment plan to address the patient's pain complaints, including medication management and possible future injections. The request for a pain management consultation is medically necessary.