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| Case Number: | CM14-0055962 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 07/14/2008 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 04/01/2014 |
| Priority: | Standard | Application Received: | 04/25/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 57-year-old man who sustained a work-related injury July 14, 2008. Subsequently, he developed chronic back, neck, and right shoulder pain. According to a progress report dated on March 20, 2014, the patient reported constant pain to his right shoulder and is worse with use. He continues to take Norco on a regular basis. He rated his pain to be 3/10. His condition was described as permanent and in stationary status. His physical examination revealed a limited range of motion of the shoulder, neck, and back. Sensation was normal and motor strength was 5/5. Foraminal compression test elicit radicular symptoms down both arms. Spurling's test for cervical radiculopathy is negative bilaterally. Compression and percussion over the brachial plexus in the supraclavicular fossa, Adson's maneuver, modified Adson's maneuver and Roos' elevated arm stress tests are negative bilaterally for brachial plexopathy, including thoracic outlet syndrome. Inspection of the shoulders revealed no swelling or deformity. There was no crepitus with active or passive range of motion of the shoulder. There was tenderness over the coracoacromial arch. Hawkins/Neer impingement signs are positive. The patient has weakness of the rotator cuff. Jobe's test for supraspinatus tendinopathy is positive. Resisted external rotation with the arm at the side is negative for infraspinatus tendinopathy. The lumbar lift-off test as negative for subscapularis tendinopathy. No biceps tenderness to palpation. Speed's test is negative for bicipital tendinitis. Testing for instability of the biceps tendon was negative. O'Brien's test was positive. No acromioclavicular (AC) joint tenderness. Horizontal adduction and compression test was negative for AC joint arthritis. Examination for anterior instability revealed a negative anterior drawer test and negative load/shift test. There was negative apprehension test. There was no excessive anterior translational laxity. Electromyography/nerve conduction velocity (EMG/NCS) studies of the upper extremities dated July 5, 2013 revealed mild carpal tunnel syndrome on the right. Normal on the left. The patient's

diagnoses included: history of right shoulder rotator repair, status post cervical spine fusion at C5-6 with recurrent neck pain and arm paresthesias secondary to cervical stenosis, history of right carpal tunnel and right cubital tunnel releases, and mechanical low back pain superimposed on degenerative disc disease (DDD) at L5-S1. The provider requested authorization for pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Referral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, Chronic Pain Treatment Guidelines Chronic Pain Programs (Early Intervention) Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) ". In the patient's file, there is no documentation that the symptoms are disabling. He was reported to have low level of pain with limited need to medication. His condition was described as permanent and in stationary status. The patient did not exhibit excessive pain behavior. In addition, the documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for a pain management referral is not medically necessary.