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| <b>Case Number:</b>   | CM14-0080932 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 03/09/2010 |
| <b>Decision Date:</b> | 10/09/2014   | <b>UR Denial Date:</b>       | 05/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2014 |

### 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 Family 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:

70 yr. old male claimant sustained a work injury on 3/9/10 involving the neck, back and right shoulder. He was diagnosed with cervical strain, lumbar strain and right shoulder impingement. A progress note on 2/10/14 indicated the claimant had continued pain in the involved areas. Exam findings were notable for tenderness in the right shoulder and restricted range of motion. The lumbar spine had limited range of motion and decreased sensation on the right side. The treating physician requested a home exercise program. A prior request for therapy was denied. There was no mention of analgesic use. A progress note 3 days later indicated the claimant had continued limited range of motion and positive facet loading tests. A request was made for pain management consultation for the lumbar spine. A 2nd request was subsequently made on 5/1/14 for a 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 on Lumbar Spine:** Upheld

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

**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) Specialist consultation and pg 127

**Decision rationale:** According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the specific need for pain management was not specified. There was no note of medication failure or need for an intervention. The 2nd request was not supported by additional clinical information or what the pain management specialist was needed for. The request for a pain management evaluation is not medically necessary.