

<b>Case Number:</b>	CM14-0095665		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/14/1998
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 66 year-old female who was reportedly injured on 10/14/1998. The mechanism of injury is noted as a fall. The claimant underwent a left shoulder arthroscopy in 2005/2006. The most recent progress note dated 5/23/2014, indicates that there are ongoing complaints of cervical spine, thoracolumbar spine and left shoulder pain. Physical examination demonstrated approximately 75% of full cervical spine range motion with pain at end of all motions; tenderness over left acromioclavicular joint and subacromial region; full range motion of shoulders bilaterally; tenderness to left bicipital insertion site; thoracolumbar range of motion: flexion 50, extension and lateral flexion 25; negative toe walk, positive heel walk; mid-thoracic paraspinal tenderness on the right. No recent diagnostic imaging studies available for review. Diagnosis: cervical & lumbar spine sprain/strain, left shoulder acromioclavicular cartilage disorder and subacromial/subdeltoid bursitis. Previous treatment includes physical therapy and medications to include: Vicodin, Nucynta, tramadol, Naprosyn, Neurontin and Ambien. A request was made for pain management referral for pain medication and was denied in the utilization review on 6/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management referral for pain medication:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-32. Decision based on Non-MTUS Citation Official disabilities guidelines.

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

**Decision rationale:** California Medical Treatment Utilization Schedule /American College of Occupational and Environmental Medicine practice guidelines state "The occupational 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." Review of the available medical records, documents chronic neck, back and left shoulder pain since 1998, but fails to give a clinical reason to transfer care to a pain management specialist at this point. As such, the request is not medically necessary and appropriate.