

<b>Case Number:</b>	CM14-0099642		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Acupuncture and Pain 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 injured worker is a 44 year old male with a date of injury on 5/6/13, with related left shoulder and back pain. Per the progress report dated 6/17/14, the injured worker described the pain as moderate; localized to the right shoulder, right hand, right knee, right leg, and right foot. The pain radiated up to the head, neck, shoulder, arm, elbow, hand, fingers, lower back, buttocks, hip, leg, knee, ankle, foot, and toes. Symptoms included swelling, tingling, burning pain, weakness, tenderness, numbness. Per physical exam, the cervical spine was tender bilaterally at L5-S1. Lumbar spine was tender at L4-L5 and L5-S1 bilaterally with limited motion. Per progress report dated 5/20/14, deep tendon reflexes at the knee and ankles were noted to be slightly hyper reflexive. An MRI study of the lumbar spine documented multilevel disc bulging and facet hypertrophic changes. Spondylolisthesis was noted at the L5-S1 level. An MRI study of the shoulder documented mild tendinitis involving the supraspinatus and infraspinatus tendon with no other significant abnormality appreciated. The documentation submitted for review does not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 6/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30,31,32. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7-Independent Medical Examinations and Consultations, pg.127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management. Guidelines recommend referrals to other specialists if a diagnosis is uncertain or exceedingly complex, when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. In light of evidence the request for pain management is supported. The clinical findings of the progress report support the medical necessity of the request.