

<b>Case Number:</b>	CM14-0197090		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Medicine and acupuncture 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 23 year-old female, who was injured on November 21, 2013, while performing regular work duties. The mechanism of injury is from repetitive use of the upper extremities, resulting in left shoulder pain which radiates to the left neck and down the left arm. The records indicate a magnetic resonance imaging of the left shoulder was obtained on December 18, 2013; however, this report is not available for this review. An evaluation on May 20, 2014, indicates the aforementioned magnetic resonance imaging reveals mild tendinosis of the supraspinatus, infraspinatus tendons, and mild bursitis. The records indicate the injured worker has received icing, occupational therapy, acupuncture, transcutaneous electro-nerve stimulation unit, a home exercise and stretching program, cognitive behavioral therapy, and medications. The records do not indicate efficacy of the conservative treatments received. The records do not support failure of the conservative treatments already received by the injured worker. The records indicate the injured worker trialed a period of modified duty, and returned with for evaluation with exacerbation of symptoms on October 3, 2014. The request for authorization is for a one day interdisciplinary pain management evaluation. The primary diagnosis is unspecified myalgia and myositis. On October 30, 2014, Utilization Review non-certified the request for a one day interdisciplinary pain management evaluation, based on ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One day interdisciplinary pain management evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Chapter 6, page 114

**Decision rationale:** While the MTUS has criteria for FRP consideration, it is silent on the specific topic of 1 day multidisciplinary evaluation. According to the records available for review, the proposed evaluation will be with a physician, physical therapist, and clinical psychologist, with a subsequent conference and communication of recommendations back to the referring provider. In reference to this specific type of intervention, the aforementioned citation states: "Research suggests that multidisciplinary care is beneficial for most persons with chronic pain, and likely should be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability." I respectfully disagree with the UR physician's assertion that the request is not medically necessary because the results of physical therapy, medication management, and conservative care has not been noted. This is not listed as exclusionary criteria, but more importantly it has actually been noted in the records available for my review. The request is medically necessary.