

<b>Case Number:</b>	CM14-0200370		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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:

51y/o female injured worker with date of injury 8/18/99 with related low back, and left shoulder pain. Per progress report dated 10/24/14, the injured worker had an acute exacerbation of low back pain rated 7/10. She also complained of aching left shoulder pain rated 6/10 and neck pain. Per physical exam, the injured worker exhibited slow and antalgic gait. There was weakness with heel and toe step. Exam of the cervical spine revealed mild torticollis to the left, positive head compression sign and positive left Spurling's maneuver. There was tenderness and muscle spasm, both at rest and on range of motion to the left. There was pain on scapular retraction. The left levator scapula had swelling/inflammation. Range of motion was limited with significant increase in pain. Exam of the lumbar spine revealed tenderness from the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature was slightly tight bilaterally. There was spasm noted. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included Toradol injections and medication management. The date of UR decision was 11/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist 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. The documentation submitted for review indicates that the provider wanted to send the injured worker to pain management to have their opinion regarding injections or treatment that may help the injured worker to be weaned or tapered from medications. I respectfully disagree with the UR physician's denial based upon the chronicity of the injured worker's date of injury. The request is medically necessary.