

<b>Case Number:</b>	CM14-0213840		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 30 year old female who sustained an industrial injury on 06/06/2014. Mechanism of injury occurred while pushing large carts. She had low back pain. Diagnoses include cervical strain rule out disc herniation, lumbar strain, and rule out disc herniation, lumbosacral radiculitis, and impingement syndrome-left shoulder. Treatment to date has included diagnostic studies, medications, and physical therapy. Magnetic Resonance Imaging of the lumbar spine with Flex-Ext done on 11/14/2014 shows disc desiccation at L4-L4, annular tear at L4-L5, L4-L5 board based disc herniation indenting the thecal sac causing narrowing of the bilateral neural foramen with contact on the bilateral L4 exiting nerve root. L5-S1 board based disc herniation indenting the thecal sac. A Magnetic Resonance Imaging of the left shoulder done on 11/14/2014 shows acromioclavicular joint osteoarthritis, supraspinatus tendinosis, infraspinatus tendinosis, synovium effusion, subacromial/subdeltoid bursitis and subcortical cysts in the humeral head. A physician progress note dated 10/27/2015 documents the injured worker complains of neck pain radiating to her left shoulder, low back pain, pain radiating into her left hip and pain and tingling throughout both lower extremities to the feet. She has decreased cervical and lumbar range of motion. Muscular guarding is present throughout the paracervical and paralumbar musculature. Cervical foraminal compression, Jackson compression, cervical distraction, Spurling's, Kemp's, Milgram's Minor's, Lasegue's, and Braggart's are positive. Impingement signs are positive for the left shoulder. The treatment plan included chiropractic care to include spinal manipulation with adjunctive physical therapy modalities to be performed 1 time a week x six weeks, Magnetic Resonance Imaging scans of

the cervical spine, lumbar spine and left shoulder, and electrodiagnostic studies of the lower extremities. Treatment requested is for 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM :The health practitioner may refer to other specialist 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. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of ongoing pain that have failed treatment by the primary treating physician. Therefore criteria for a pain management consult have been met and the request is certified. Therefore, the requested treatment is medically necessary.