

<b>Case Number:</b>	CM15-0006112		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 51 year old female, who sustained an industrial injury on 11/2/2013. The diagnoses have included lumbar/lumbosacral sprain, neck sprain, and shoulder sprain. Treatment to date has included physical therapy, pain medications, acupuncture and shoulder injection. Magnetic resonance imaging (MRI) of the lumbar spine from 7/24/2014 revealed disc desiccation at L2-3 to L5-S1. Magnetic resonance imaging (MRI) of the left shoulder and right shoulder from 7/24/2014 revealed subscapularis tendinosis and minimal subscapularis bursitis. According to the Primary Treating Physician's Progress Report from 11/11/2014, the injured worker complained of pain in right shoulder 5/10, neck 4/10 and low back 7-8/10. Objective findings and current medications were not documented. Authorization was requested for a pain management consult. On 12/10/2014, Utilization Review non-certified a request for a pain management consult as an outpatient, noting that there was no objective documentation and no history regarding medications or why a pain management evaluation was necessary. The ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pain Management Consultation as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section; Pain (Chronic) (updated 01/07/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127 (Consultations). Decision based on Non-MTUS Citation Pain section, Office visits

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, pain management consultation is not medically necessary. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of the patient. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are HNP at L4-L5, and L5-S1; neck sprain; and right shoulder tendinitis. Subjectively, the injured worker complains of right shoulder pain 5/10, low back pain 7 - 8/10 and neck pain 4/10. Objectively, there is no documentation (section left blank). Medications are not listed. The physician plan was to refer to pain management. Consultation is designed to aid in the diagnosis, prognosis and therapeutic management of the patient. There is no clinical indication or rationale for pain management referral. As noted above, there were no medications listed indicating treatment failures and successes. Prior treatments were not documented. Consequently, absent clinical documentation to support pain management referral, pain management consultation is not medically necessary.