

Case Number:	CM15-0104684		
Date Assigned:	06/09/2015	Date of Injury:	12/08/2014
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old female, who sustained an industrial injury on 12/8/14. She has reported initial complaints of neck, back and right shoulder injuries with pain. The diagnoses have included cervical myospasm, cervical radiculopathy, cervical sprain/strain, lumbar myospasm, lumbar strain/sprain, and rule out lumbar disc protrusion, right shoulder impingement syndrome, right shoulder pain and right shoulder sprain/strain. Treatment to date has included activity modifications, diagnostics, conservative care and other modalities. Currently, as per the physician progress note dated 4/6/15, the injured worker complains of dull, achy neck pain, stiffness and cramping rated 5/10 on pain scale, constant burning low back pain rated 6/10 on pain scale with tingling and weakness and constant right shoulder pain with numbness, heaviness and weakness rated 6/20 on pain scale. The pain is relieved with medications. The current medications if any were not noted and there is no urine drug screen reports noted. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right shoulder dated 4/20/15 reveals acromion is flat and laterally downsloping, the acromioclavicular joint (AC) has osteoarthritis, the supraspinatus has tendonosis, the infraspinatus has tendinosis, the synovium has effusion and the subacromial has subdeltoid bursitis. The objective findings reveal that the cervical spine has decreased range of motion with pain, there is tenderness to palpation of the cervical paravertebral muscles, muscle spasm, shoulder depression is positive bilaterally and cervical compression is positive. The lumbar spine exam reveals that the range of motion is decreased and painful, there is tenderness to palpation of the lumbar muscles, muscle spasm is noted, the sitting straight leg raise is positive bilaterally and Kemp's is positive bilaterally. The right shoulder exam reveals that the ranges of

motion are decreased and painful, there is tenderness to palpation of the acromioclavicular joint (AC), anterior shoulder, posterior shoulder and supraspinatus press is positive. The physician requested treatment included Pain Management Consultation for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)" The patient was already referred for a pain management evaluation. There is no documentation that the patient response to pain therapy falls outside the expected range requiring a second opinion. In addition, there is no documentation of red flags indicating the need for a pain management consultation. Therefore, the request for Pain Management Consultation is not medically necessary at this time.