

<b>Case Number:</b>	CM15-0019330		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old female who reported injury on 12/2010. Her mechanism of injury included a trip and fall forward onto both knees with her right arm outstretched to break her fall. Her diagnoses included cervical spine myoligamentous sprain/strain; lumbar spine myoligamentous sprain/strain; lumbar degenerative disc disease; bilateral shoulder rotator cuff strain; chronic pain syndrome; early degenerative joint disease, right knee; and early degenerative joint disease with possible loose body, left knee. Her medications include Ambien, Percocet, Lexapro and Valium. The progress reported dated 12/03/2014 documented the injured worker had complaints of tenderness in the cervical paravertebral muscles, upper trapezius and inner scapular/dorsal spine region. On physical examination, the injured worker was able to flex her neck to 20 degrees with pain, extension to 25 degrees with pain, right and left lateral flexion was at 5 degrees with increased pain, right rotation at 60 degrees and left rotation to 55 degrees, both with increased pain. Thoracic spine was measured in flexion at 45 degrees, right and left lateral flexion to 15 degrees with no pain. The range of motion of the right and left shoulders were measured at abduction of 150 degrees bilaterally, flexion 150 degrees/160 degrees, internal rotation at 45 degrees/50 degrees, external rotation at 75 degrees bilaterally, extension and adduction, both at 30 degrees bilaterally. Lumbar spine range of motion was measured at flexion of 40 degrees, extension to 0 degrees, right lateral bending to 10 degrees, and left lateral bending to 5 degrees. Range of motion to knees included flexion at 130 degrees bilaterally, extension at 0 degrees bilaterally. There was positive medial joint tenderness to both knees, and positive patellar compression tests bilaterally along with positive signs of crepitus bilaterally. X-rays of

the right and left knee were performed on 11/05/2014. MRI of the right and left knees was performed on 06/18/2013. MRI of the lumbar spine was performed on 04/22/2014.

### **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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The request for Pain management consultation is not medically necessary. The California MTUS guidelines state upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. If the injured worker continues to have pain that persists beyond the anticipated time of healing, without plans for curative treatment, such as surgical options, the chronic pain medical treatment guidelines apply. The injured worker has already seen a pain management physician. While the request would be considered medically necessary, the injured worker is already seeing a pain management consultant. Therefore, the request for pain management consultation is not medically necessary.