

<b>Case Number:</b>	CM15-0141629		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female who sustained a work related injury December 8, 2011. She tripped and fell hitting her right knee and leg on a cabinet door and her right shoulder on the floor. She underwent x-rays, received medication and completed eight sessions of physical therapy. Past history included right shoulder surgery February 2013. An MR Arthrogram of the left shoulder performed October 30, 2014, revealed moderate supraspinatus tendinosis with surface fraying, no full thickness tear; mild subcapularis and long bicipital tendinosis; circumferential labral tear with degeneration of the biceps labral complex; cartilage thinning of the superior articular surfaces of the humeral head and glenoid; mild acromioclavicular joint arthrosis and mild lateral downsloping of the acromion, low anatomic risk for subacromial impingement. There is a qualified medical evaluation in the medical record performed January 21, 2014, finding the injured worker presenting with right shoulder pain, numbness and tingling and weakness in the arm and right knee pain. Diagnoses were documented as complete rupture of the right shoulder rotator cuff, status post repair; right knee chondromalacia patella; right hip osteoarthritis, non-industrial. At issue, is a request for authorization for a consultation and unspecified treatment with a psychiatrist and consultation with a pain management specialist for the lumbar spine. There are no other recent physician evaluations and or examinations-recommendations present in the medical record for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a pain management specialist lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Section, Opioids Dosing Section Page(s): 78, 86.

**Decision rationale:** The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. There is no indication that the injured worker needs pain management evaluation as she has not exhausted conservative methods of treatment. The medications she is being prescribed includes Naprosyn and Tylenol 3. The request for consultation with a pain management specialist lumbar spine is determined to not be medically necessary.

**Consultation and unspecified treatment with a psychiatrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, and 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker is said to have psychiatric issues but there is no evidence of these findings in the available documentation, therefore, the request for consultation and unspecified treatment with a psychiatrist is determined to not be medically necessary.