

Case Number:	CM15-0149298		
Date Assigned:	08/12/2015	Date of Injury:	06/05/2014
Decision Date:	09/14/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/31/2015

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.a

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, 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 applicant is a represented 33-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 5, 2014. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve a request for a pain management referral. The claims administrator referenced an RFA form dated June 30, 2015 in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination and, furthermore, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On June 17, 2015, the applicant was placed off of work, on total temporary disability owing to multifocal complaints of neck, low back, and shoulder pain. The applicant was on oral Voltaren for pain relief. The applicant was apparently using a sling to move about. The applicant received a shoulder corticosteroid injection. Physical therapy, shoulder MRI imaging, and a pain management consultation were sought. The attending provider suggested that the applicant could potentially obtain a pain management consultation and consider epidural steroid injection therapy. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation and Treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

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

Decision rationale: Yes, the proposed pain management consultation and treatment (AKA referral) was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent pain complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work, on total temporary disability, it was reported on June 17, 2015. Multifocal complaints of shoulder, neck, and low back pain were evident. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management physician was, thus, indicated on several levels, including for medication management and disability management purposes. Therefore, the request was medically necessary.