

Case Number:	CM15-0162431		
Date Assigned:	08/28/2015	Date of Injury:	05/12/2001
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 62 year old female with an industrial injury dated 05-12-2001. She has reported subsequent neck pain, right shoulder pain and right elbow pain. The injured worker's diagnoses include shoulder joint pain, elbow joint pain, cervical degenerative disc disease, cervicgia, adhesive capsulitis shoulder, elbow medial epicondylitis, elbow lateral epicondylitis, rotator cuff rupture and pain in limb. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-29-2015, the injured worker presented for orthopedic reevaluation. The injured worker reported unchanged condition since last exam. The injured worker rated current pain a 2 out of 10. Objective findings revealed right cervical paravertebral tenderness with spasm and stiff range of motion. Right shoulder exam revealed slight diffuse tenderness, right trapezius tenderness and positive impingement sign. Right elbow exam revealed tenderness of lateral epicondyle. The treatment plan consisted of heat and ice therapy, medication management, home exercises, pain management consultation and follow up visit. The treating physician prescribed services for pain management consultation, now under review.

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 Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: This patient sustained a low back injury in May 2001 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms rated at 2/10 on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Pain management consultation is not medically necessary and appropriate.