

Case Number:	CM15-0166624		
Date Assigned:	09/04/2015	Date of Injury:	07/29/2014
Decision Date:	10/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old male who sustained an industrial injury on 7-29-14. His initial complaints and the nature of injury are not available for review. The PR-2, dated 7-29-15, indicates diagnoses of cervical spine strain, thoracic spine strain, and right shoulder strain. He presented to the provider office with complaints of "new" right shoulder numbness and "itchiness", as well as "new" tingling in his right shoulder. He also complained of pain in his neck, upper back, and right shoulder and arm. He reported that he had a "significant increase in right shoulder pain after the needle for the MR arthrogram was inserted into his shoulder". He rated the pain "5-6 out of 10". He indicated that he was interested in having shoulder surgery. The report states that his next appointment with pain management was scheduled for 7-31-15 and he was seen by orthopedics on 7-21-15. The treatment plan indicated "Testing" as an EMG of the upper extremity, and MRIs of the cervical spine, thoracic spine, and right shoulder. "Consultations" included pain medicine for chronic pain, next appointment scheduled for 7-31-15 and orthopedics on 7-21-15 - states "Need report".

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visit with pain management regarding the cervical and lumbar spine and right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Per the medical records, the injured worker has continued neck, upper back, and right shoulder pain. It was noted that the injured worker had increased complaints following needle placement in shoulder from arthrogram procedure. Follow up is indicated for pain management. The request is medically necessary.