

Case Number:	CM15-0182109		
Date Assigned:	09/23/2015	Date of Injury:	09/17/2014
Decision Date:	10/27/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (n) 31 year old female, who sustained an industrial injury on 9-17-14. The injured worker was diagnosed as having cervical and lumbar radiculitis and status post left shoulder arthroscopy. The physical exam (2-18-15 through 6-3-15) revealed 9 out of 10 pain in her left shoulder, normal cervical and lumbar range of motion and no tenderness to palpation. Treatment to date has included a left shoulder arthroscopy on 4-6-15, post-op physical therapy, a cervical and lumbar MRI on 8-4-15 showing L2-L3 focal left paracentral disc herniation and no cervical herniation and Ultram. As of the PR2 dated 8-26-15, the injured worker reports continued neck and low back pain. There is no documentation of current pain level. Objective findings include normal cervical and lumbar range of motion and no tenderness to palpation. The treating physician noted that the injured worker's pain is not under control. The treating physician requested a pain management specialist. The Utilization Review dated 9-10-15, non-certified the request for a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management specialist: 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), Chronic

pain programs (functional restoration programs) Criteria for the general use of multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment.

Decision rationale: Pursuant to the ACOEM, pain management specialist is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, for certain antibiotics require close monitoring. In this case, the injured worker's working diagnosis is status post left shoulder arthroscopy with excellent improvement in range of motion. Date of injury is September 17, 2014. Request for authorization is dated September 4, 2015. According to an August 26, 2015 progress note, subjective complaints include ongoing neck and back pain. Objectively, the cervical spine has normal range of motion with no tenderness. The lumbar spine has normal range of motion with no tenderness. MRI of the cervical and lumbar spine showed no significant disc herniations or stenosis. There is no clinical indication or rationale for pain management provider consultation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation demonstrating full range of motion and no tenderness of both cervical and lumbar spines and no clinical rationale for a pain management specialist, pain management specialist is not medically necessary.