

Case Number:	CM15-0183069		
Date Assigned:	09/23/2015	Date of Injury:	08/09/2013
Decision Date:	10/29/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 47 year old female who sustained an industrial injury on August 09, 2013. A recent primary treating office visit dated August 10, 2015 reported subjective complaint of "frequent moderate achy, sharp, stabbing, throbbing neck pain, weakness and cramping of the neck, left shoulder, bilateral knees along with anxiety and depression." The following diagnoses were applied: cervical disc protrusion; cervical myospasm; cervical pain; cervical radiculopathy; cervical strain and sprain; left rotator cuff tear; left shoulder impingement syndrome; left shoulder pain; left shoulder strain and sprain' status post- surgery, left shoulder; right knee chondromalacia; right knee cruciate ligament sprain and strain; right knee internal derangement; right knee medial meniscus tear; right knee pain; right knee strain and sprain; left knee chondromalacia; left knee internal derangement; left knee pain; left knee strain and strain; anxiety; depression; irritability, and nervousness. Previous treatment to include: activity modification, medications, acupuncture, physical therapy, surgery. An orthopedic surgeon evaluation dated June 02, 2015 reported subjective chief complaints of left shoulder and bilateral knee pains. Current medication regimen consisted of: Omeprazole, Flexeril and Percocet. The initial diagnoses applied to this visit included: status post left shoulder rotator cuff repair; bilateral internal derangement with a right sided meniscal tear. The plan of care is with recommendation for chiropractic and acupuncture session along with weight loss. The initial report of illness dated February 02, 2015 reported the plan of care with recommendation for: a medication consultation for pain medication to help decrease pain. There was request for pain

management consultation to address medication prescription that was noted with denial due to the guidelines not with recommendation for consultation to obtain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult-medications: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had chronic pain in multiple regions. The medications were not sufficient to manage pain. The request for pain management was to consider invasive options as well. The request for pain management consultation to address appropriate medical management and possible intervention is medically necessary.