

<b>Case Number:</b>	CM15-0188656		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, Hawaii  
 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 was a 59 year old female, who sustained an industrial injury, September 10, 2014. The injured worker was undergoing treatment for right and left shoulder strain and lumbar spine strain. According to progress note of August 4, 2015 and August 11, 2015, the injured worker's chief complaint was lumbar back, right and left shoulder pain. The physical exam noted the right anterior thigh, right lateral calf and right lateral ankle sensation were all intact. There was no documentation of the level of pain at either visit. The injured worker previously received the following treatments physical therapy, home exercise program and heat and ice therapy. The RFA (request for authorization) dated the following treatments were requested pain medication consultation. The UR (utilization review board) denied certification on August 24, 2015; for a pain medication consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Medicine Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Office Visit.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Consultation.

**Decision rationale:** The patient presents with neck, upper extremities, low back, and bilateral shoulder/arm pain. The current request is for Pain Medicine Consultation. The treating physician's report dated 06/30/2015 (96B) shows a checked box that was labeled "need for referral or consultation." There was no discussion in this report about the request in question. The ACOEM Guidelines Chapter 7 page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. In this case, it appears that the physician would like the expertise of a pain medicine doctor to evaluate the course of care for the patient. The request is appropriate and is within guidelines. The current request is medically necessary.