

<b>Case Number:</b>	CM15-0189212		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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

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 52 year old female who sustained an industrial injury on 12-16-10. A review of the medical records indicates she is undergoing treatment for fibromyalgia, myofascial syndrome of both shoulders, myofascial syndrome of the cervical, thoracic, and lumbar spine, chronic sprain and strain syndrome of the cervical spine and upper back, status post arthroscopy of the left shoulder with residuals, and regional pain syndrome of the left shoulder. Medical records (4-29-15 to 8-24-15) indicate ongoing complaints of pain in her left shoulder, neck, wrists, hands, and lower back. Her pain rating varies from 1-8 out of 10 and is noted to be "constant somewhere". The physical exam (8-24-15) reveals "markedly limited range of motion of the cervical spine and shoulders". She is not currently (8-24-15) working. A request for authorization (8-21-15) indicates 10 office visit follow-ups for pain management services. No progress record is noted in the records for this visit. The utilization review (9-2-15) indicates denial of the requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visit follow up x 10 with pain management specialist.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** The current request is for OFFICE VISIT FOLLOW UP X 10 WITH PAIN MANAGEMENT SPECIALIST. The RFA is dated 08/24/15. Treatment history include arthroscopic left shoulder surgery 2011, cervical epidural injections, physical therapy and medications. The patient is not working. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Per report 08/24/15, the patient presents with ongoing complaints of pain in her left shoulder, neck, wrists, hands, and lower back. Her pain rating varies from 1-8 out of 10. The physical examination revealed markedly limited range of motion of the cervical spine and shoulders. Current medications include Cogentin, Trileptal, Celebrex, Atrovastatin, Amlodipeine, Nucynta, Gabapentin, Cyclobenzaprine, Cambia and Abilify. Given the patient's continued pain and medication intake, a follow-up visit with a pain management specialist is reasonable. However, subsequent follow-ups should depend on the patient's evaluation at that visit. The request for 10 follow up visits is excessive and IS NOT medically necessary