

Case Number:	CM15-0199043		
Date Assigned:	10/14/2015	Date of Injury:	10/24/2014
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/09/2015

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 male individual who sustained an industrial injury on 10-24-14. He is not working. The medical records indicate that the injured worker is being treated for cervical, thoracic and lumbar spondylosis; thoracic radiculopathy; left rotator cuff tear; arthritis of the left shoulder. He is currently (8-18-15) is experiencing severe bilateral shoulder pain and back pain and is 3 months postoperative shoulder surgery. His pain level is 9 out of 10. Physical therapy has not started. On physical exam there was decreased range of motion; back exam revealed decreased range of motion, tenderness on palpation. His post-operative physical exams from 6-4-15 through 8-18-15 were unchanged and pain level was between 8 and 9 out of 10. His diagnostics included left shoulder x-rays (10-26-14); MRI of the left shoulder (2-2-15); x-rays of the cervical and thoracic spine (10-31-14). Treatments to date included physical therapy; medications: diclofenac, Norco, Zanaflex; left shoulder arthroscopy and rotator cuff repair (5-13-15); stretching exercises. The progress note dated 8-18-15 recommended that the injured worker participate in a chronic pain clinic due to his "intense and ever changing pain management issues and needs". The request for authorization was not present. On 9-24-15 Utilization Review non-certified the request for pain management specialist consult, left shoulder, cervical spine, lumbar spine, thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Specialist Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations Chapter (pp 127, 156); Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office guidelines 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, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant was on numerous analgesics for several months and had persistent pain. Pain levels were 9/10 and in the past required ED visits. The request for pain management consultation is medically necessary.