

<b>Case Number:</b>	CM15-0201006		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 66 year old female, who sustained an industrial injury on 10/23/2001. Diagnoses include bilateral shoulder arthralgia, cervical radiculopathy, degenerative joint disease of the spine, facet arthropathy, and chronic pain syndrome, chronic stage III kidney disease, status post shoulder surgery, and status post cervical fusion. Treatments to date include activity modification, anti-inflammatory, and physical therapy. On 9-10-15, she complained of chronic pain in the neck and bilateral shoulder. The physical examination documented restricted range of motion in the neck, and bilateral shoulders. There was tenderness and stiffness of the neck muscles noted. There was muscle wasting noted in the shoulders. A cervical spine MRI dated 9-1-15, revealed "worsening degenerative disc disease, multilevel facet and uncovertebral joint spondylosis and narrowing of neural foramina." The right shoulder MRI dated 9-1-15, revealed adhesive capsulitis, degenerative changes, and tenosynovitis. The plan of care included requesting consultations with specialists. The appeal requested authorization for a pain management consultation and an orthopedic consultation. The Utilization Review dated 10-8-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

**Decision rationale:** CA MTUS/ACOEM chronic pain management guidelines, medical management, page 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidiscipline program can be considered. In addition, consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. In this case the exam note from 10/8/15 indicates that the injured workers symptoms "are not getting worse". In addition the documentation does not indicate that the worker has had a trail of any first line analgesics or that she is taking doses of opioids beyond what is usually required to be managed by a pain specialist. The request does not meet the criteria set forth in the guidelines and therefore is not medically necessary.

**Orthopedic Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

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

**Decision rationale:** CA MTUS ACOEM guidelines, neck and upper back chapter, page 180, states referral for surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms; Activity limitation for more than one month or with extreme progression of symptoms; Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term; Unresolved radicular symptoms after receiving conservative treatment. Based upon the CA MTUS Shoulder Chapter Pgs 209-210 recommendations are made for surgical consultation when there are red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. In this case the documentation provided does not support that the worker has attempted a course of conservative management for her neck or her shoulder or that he has had progression of his symptoms. According to the records she has already underwent a cervical fusion and there is no objective findings from the documentation that he is having new symptoms correlating to her imaging findings which would benefit from surgical intervention. Therefore the request does not meet the criteria set forth in the guidelines and therefore the request is not medically necessary.