

<b>Case Number:</b>	CM15-0206236		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of April 27, 2013. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for a referral to pain management. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination and were, moreover, mislabeled as originating from the MTUS. Progress notes of July 15, 2015 and August 13, 2015 were seemingly cited in the determination. The applicant's attorney subsequently appealed. On September 24, 2015, the applicant reported multifocal complaints of neck, low back, and shoulder pain. The applicant was placed off of work, on total temporary disability. The applicant was asked to follow up with pain management and her spine surgeon. On an RFA form dated July 15, 2015, Motrin, Soma, Voltaren gel, Norco, Lyrica, and Elavil were endorsed. On an associated progress note of the same date, July 15, 2015, a variety of referrals were sought, including an ENT referral, acupuncture, physical therapy evaluation, and a pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Yes, the request for a referral to pain management was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the practitioner to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work, on total temporary disability, it was reported on September 24, 2015 owing to multifocal pain complaints. The applicant was using a variety of opioids and non-opioids to include Norco, Voltaren gel, Soma, Motrin, Elavil, etc. Obtaining the added expertise of a pain management physician, was, thus, indicated on several levels, including, potentially, for medication management and/or disability management purposes. Therefore, the request was medically necessary.