

<b>Case Number:</b>	CM15-0024750		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 55 year old female, who sustained an industrial injury on November 9, 2010. She has reported severe pain in the neck and left shoulder with cramping, throbbing and sharp pain radiating down the spine. The diagnoses have included spondylosis of unspecified site, without mention of myelopathy, spinal stenosis of the cervical region, spasm of muscle and arthropathy, unspecified, left shoulder region. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, epidural injections, TENS unit use, conservative therapies, pain medications and work restrictions. Currently, the IW complains of severe pain in the neck and left shoulder with cramping, throbbing and sharp pain radiating down the spine. The injured worker reported an industrial injury in 2010, resulting in chronic pain in the neck and left shoulder. She reported climbing a ladder with a case of drinks to place them on a shelf when she felt pain in the back. The pain continued and she was sent for medical evaluation. She was treated conservatively however required surgical intervention of the left shoulder in 2011. On December 2, 2013, the recommendation was for occasional use of medications for pain. On September 22, 2014, evaluation revealed continued severe pain and gross loss of range of motion in the neck and shoulders. On November 24, 2014, the pain continued. Pain medications were renewed and a follow up appointment was made. On January 23, 2015, Utilization Review non-certified a request for a pain management consultation for the cervical spine and medication, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 5, 2015, the injured worker submitted an application for IMR for review of requested pain management consultation for the cervical spine and medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation for the cervical spine and medication:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management consultation is not medically necessary.