MAXIMUS Federal Services

Case Number:	CM15-0214517		
Date Assigned:	11/04/2015	Date of Injury:	04/27/2011
Decision Date:	12/21/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 male who sustained an industrial injury on April 27, 2011. The worker is being treated for: cervicalgia, left shoulder impingement and tendinitis; bilateral CTS, left knee internal derangement, and depressive disorder. Subjective: March 31, 2015 he reported using medications and states "helpful, with complaint of "some gastrointestinal upset." April 02, 2015 he reported complaint of: lower back and left knee had been hurting." He reports the left knee having been giving out and he is not able to do prolonged standing, repetitive kneeling or squatting activities. The shoulder pain remains unchanged as occasionally endures pain with heavy lifting and overhead work activities. There is also complaint of lower back pain with intermittent radicular pain to the left lower extremity. He states "difficulty with sleep due to ongoing pain." May 08, 2015 he reported complaints of "anxiety, harassment at work, feelings of discrimination, mood changes, crying spells and depression." July 14, 2015 he reported "meds help." August 13, 2015 he reported complaint of left shoulder pain and had not gained the shoulder strength back. There is also complaint of left sided cervical spine pain, left knee pain and difficulty with prolonged standing, repetitive kneeling and squatting activities. Objective: March 31, 2015 noted "limited, painful ROM and positive orthopedic evaluation to cervical spine, upper extremities and left knee." April 02, 2015 noted on examination tenderness to palpation over the cervical spine paracervical muscles with spasms and guarding. There is still some degree of weakness in the left shoulder girdle muscles and with "more or less full ROM in the left shoulder with exception of loss of flexion and abduction. There is noted tenderness to palpation over lumbar spine paravertebrals with spasm and guarding. Also noted tenderness to

palpation over the SI joint region and left knee positive for wasting of quadriceps muscles with tenderness to palpation over the lateral and medial left knee. Diagnostic: March 31, 2015 reported the patient scheduled for unknown diagnostic studies "this week." May 07, 2015 reported MRI left shoulder March 30, 2015, EMG NCV February 07, 2012, and March 17, 2015, UDS. Medication: March 31, 2015 Flexeril. Treatment: March 31, 2015, April 02, 2015 noted POC continue acupuncture (total of 12 to 14 sessions) and physical therapy (total of 8 to 12 sessions) as per PCP with recommendation for a DME hinged knee brace; modified job duty, medication. May 07, 2015 reported the patient stated "right knee pain had improved," following injection treatment. POC this visit noted requesting with administration of Cortisone injection to left shoulder and if no improvement then surgical intervention; DME bilateral cocked up wrist splints, and pain management evaluation for cervical and lumbar spine. He continued with chiropractic session in May 2015. May 13, 2015 noted request for ESWT 6 week's treatment to left shoulder, bilateral wrists and hands and left knee that noted authorized and initiated Jun 04, 2015. July 16, 2015 POC noted with request for surgery left shoulder: use of heat and ice application, exercise, TENS. June 27, 2015 noted last acupuncture session. On September 25, 2015 a request was made for a pain management consultation regarding the cervical spine and left shoulder that was noncertified by Utilization Review on October 02, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation regarding the cervical spine and left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examination and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for Pain management consultation regarding the cervical spine and left shoulder, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why pain management consultation is being requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications and there is no discussion regarding any interventional treatments being sought. In addition, the patient has already had a pain management consultation on May 01, 2015, which evaluated his neck and his shoulder. In light of the above issues, the currently requested Pain management consultation regarding the cervical spine and left shoulder is not medically necessary.