

Case Number:	CM15-0036880		
Date Assigned:	03/05/2015	Date of Injury:	12/09/2010
Decision Date:	04/16/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/26/2015

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, 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:

This is a 58-year-old female patient, who sustained an industrial injury on December 9, 2010. The diagnoses have included cervical spine Myoligamentous sprain/strain, lumbar Myoligamentous sprain/strain, lumbar degenerative disc disease, bilateral shoulder rotator cuff strain, chronic pain syndrome, early degenerative joint disease right knee and early degenerative joint disease with possible loose body left knee. She sustained the injury due to tripped and fell incident. Per the doctor's note dated 2/13/15, she had complains of bilateral knee, neck, back and bilateral shoulder pain. Per the doctor's note dated 1/7/15, she had complains of bilateral knee, neck, back and bilateral shoulder pain. Physical examination revealed cervicothoracic spine and upper extremities - tenderness in the cervical paravertebral muscles, upper trapezius and interscapular/dorsal spine region and increased pain with range of motion, bilateral shoulder examination- pain with palpation of the subacromial bursa and subdeltoid bursa bilaterally, decreased range of motion; lumbar spine and lower extremity examination- moderate tenderness in the lumbar paravertebral muscles, increased pain with range of motion, and bilateral knees- positive medial joint line tenderness, positive patella compression test and crepitus bilaterally. The current medications list is not specified in the records provided. She has had X-rays of bilateral knees on November 5, 2014, Magnetic resonance imaging of bilateral knees on June 18, 2013 and Magnetic resonance imaging of the lumbar spine on April 22, 2014. Other therapy for this injury was not specified in the records provided. On February 2, 2015 Utilization Review non-certified pain management evaluation and unspecified treatment with pan management

physician, noting, Medical Treatment Utilization Schedule Guidelines American College of Occupational and Environmental Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Request: Pain management evaluation MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Per the cited guidelines, "The occupational health practitioner may refer to other specialists 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." Evidence of uncertain or extremely complex diagnosis is not specified in the records provided. Previous diagnostic study reports with significant abnormal findings are not specified in the records provided. The details of response to previous conservative therapy, including medications, are not specified in the records provided. In addition, patient is approved for a psychiatric evaluation. Outcome of this evaluation is not specified in the records provided. The medical necessity of Pain management evaluation is not fully established for this patient at this juncture.

Unspecified treatment with pain management physician: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Request: Unspecified treatment with pain management physician MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. As the medical necessity of pain management evaluation itself is not fully established, the medical necessity of unspecified treatment with pain management physician is also not specified in the records provided. The details of the proposed treatment with the pain management specialist were not specified in the records provided. The medical necessity of unspecified treatment with pain management physician is not fully established for this patient at this juncture.