

<b>Case Number:</b>	CM15-0044272		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury 03/10/2011. He reported walking on a mound of dirt while carrying a backpack weighing approximately 35 pounds. The injured worker noted that the mound of dirt gave way below his feet causing him to fall from approximately two to three feet causing pain to the right chest wall, right shoulder, and thoracic spine. The injured worker was diagnosed as having right shoulder rotator cuff and labral tear, thoracic strain, right shoulder pain, chronic sternal pain, and right costosternal joint sprain. Treatment to date has included magnetic resonance arthrogram of the right shoulder, magnetic resonance imaging of the chest sternum, physical therapy, cortisone injection, and medication regimen. In a progress note dated 02/17/2015 the treating provider reports complaints of significant pain to the right shoulder and sternal chest wall with tenderness to the right shoulder anteriorly over the lateral side, and tenderness to the right sternal border and the right anterior chest wall with palpable reproduction of pain. The treating physician requested pain management consultation for evaluation of possible nerve blocks or other injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation and limited treatment:** 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, 2nd Edition, 2004 for Consultations Chapter 7 (Page 127) ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 6 (Page 112) regarding Pain, Suffering, and the Restoration of Function.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, referral pain management consultation with limited treatment is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates; for certain, antibiotics require close monitoring. In this case, the injured worker's working diagnoses are right shoulder pain; and chronic sternal pain. The treatment plan on a progress note dated February 17, 2015 states the injured worker will be placed on a trial of Celebrex 200 mg b.i.d. for 14 days to see if this helps. Concurrently, the treating physician requested a pain management consultation. This request is premature. The treating physician just determined a trial of Celebrex 200 mg is appropriate. If the Celebrex does not work, the treating physician states the injured worker would benefit from evaluation by a pain management specialist. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The treating physician started a Celebrex trial (as noted above) on February 17, 2015. The injured worker should be reevaluated post Celebrex trial. Additionally, the injured worker is under the care of two physicians with clinical input as to what medications are clinically indicated. Consequently, absent clinical documentation with the Celebrex outcome, referral pain management consultation with limited treatment is not medically necessary.