

<b>Case Number:</b>	CM15-0045268		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/20/2015
<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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 44-year-old male who reported an injury on 10/26/2012. The mechanism of injury was the injured worker fell 15 feet through a roof, striking his left side. The documentation of 02/10/2015, revealed the injured worker was status postoperative fixation of a left scapular nonunion, with iliac crest graft. The pain is better than prior to surgery. However, the pain was still present. The medication included oxycodone 2 per week, and Tylenol 2 tablets twice a day 3 to 4 per week. The physical examination revealed distal sensation was intact. The incisions were clean and dry, with no surrounding erythema, drainage, or evidence of wound dehiscence. Special tests revealed global shoulder pain, with no specific anatomical pattern. The injured worker underwent x-rays, and there was noted to be healing of the scapula fracture with the scapula body plate now broken. The treatment plan included a CT scan to evaluate healing of the scapular body, and a referral to pain management for chronic management of shoulder and low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management specialist for the left shoulder and low back:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, pages 112, 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The clinical documentation submitted for review indicated the injured worker was utilizing 2 OxyContin per week, 5 months post operatively. The documentation indicated the pain was 5/10. The documentation indicated the physician was referring the injured worker since the pain was continuing. Given the above, the request for referral to pain management specialist for the left shoulder and low back is medically necessary.