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| Case Number: | CM15-0051632 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 04/12/2013 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 02/20/2015 |
| Priority: | Standard | Application Received: | 03/18/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 (IW) is a 42 year old female who sustained an industrial injury on 04/12/2013. She reported right shoulder pain. The injured worker was diagnosed as having a tear of right supraspinatus tendon, rule out right cervical radiculopathy, myofascial pain, history of fibromyalgia, and history of chronic post herniorrhaphy syndrome on the left, industrially related. Treatment to date has included diagnostic cervical MRI and treatment with an orthopedist who endorses treatment with a pain specialist. Currently, the injured worker complains of neck pain with numbness into the arms. Her medications are Methadone and Neurontin. Treatment with a pain management specialist for the cervical spine is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with a pain management specialist for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214, 217-219.

Decision rationale: This 42 year old female has complained of right shoulder pain since date of injury 4/12/13. She has been treated with physical therapy and medications. The current request is for evaluation and treatment with a pain management specialist. There is inadequate documentation of previous therapies tried and response to those therapies. There is inadequate documentation regarding provider expectations from a pain management consultation. On the basis of the available medical documentation and per the ACOEM guidelines cited above, evaluation and treatment with a pain management specialist is not indicated as medically necessary.