

<b>Case Number:</b>	CM15-0053927		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2015

### 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: New York, Tennessee  
Certification(s)/Specialty: Emergency 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 35-year-old male, who sustained an industrial injury on 06/10/2008. Initial complaints/symptoms reported included low back and right shoulder pain/injury resulting from falling off a truck. The initial diagnoses were not found in the medical records submitted. Treatment to date has included conservative care, medications, x-rays and MRIs of the lumbar spine, right shoulder and lower extremity (not upper extremity), electrodiagnostic testing of the lower extremities, physical therapy, injections, and lumbar surgery (06/03/2011). Currently, the injured worker complains of continued low back and right shoulder pain. Diagnoses include status post lumbar spine surgery and right shoulder strain. The treatment plan consisted of follow-up consultation with pain management specialist and spine surgeon, and follow-up in 5 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up consultation with pain management for the shoulder and lumbar:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date; Evaluation of Chronic Pain in Adults.

**Decision rationale:** Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: Symptoms that are debilitating; Symptoms located at multiple sites; Symptoms that do not respond to initial therapies; Escalating need for pain medication. In this case documentation in the medical record does not support that the patient has failed to respond to initial therapies or that pain is debilitating. The patient has a referral to a surgeon for further evaluation. Referral to pain management specialist is not indicated at this time. The request is not medically necessary.