

<b>Case Number:</b>	CM15-0080059		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Arizona, 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:

The injured worker is a 66-year-old female, who sustained an industrial injury on 03/18/2015. On provider visit, dated 03/18/2015 the injured worker has reported right arm and shoulder pain, neck pain and sleep deprivation related to pain. On examination of the cervical spine, range of motion was not decreased but pain with it was noted. Tenderness was noted to bilateral thoracic and lumbar musculature area. Cervical spine was noted to have a positive sensory evaluation. Right shoulder was noted to have a decrease in range of motion, a positive impingement test and Apley scratch test as well. The diagnoses have included frozen shoulder syndrome on the right shoulder and cervical spine herniated nucleus pulposus with C6 and C6 radiculopathy on the right. Treatment to date has included medication, MRI and electromyogram/nerve conduction study. The provider requested Initial pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary - Evaluation & management (E&M).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning Page(s): 84. Decision based on Non-MTUS Citation ODG- pain chapter and office guidelines and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had chronic pain and was using Norco. The intention for the pain management consultation was for weaning/detoxification of Norco. According to the MTUS guidelines, if there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, it has been suggested that a patient show evidence of consultation with a physician trained in addiction treatment for assessment of the situation and possible detoxification. It is also suggested that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances. In this case, there was no indication of abuse or repeated violations. The weaning protocol is not complicated such that the prescribing physician cannot wean the medication. The request for a pain management physician is not medically necessary.