

<b>Case Number:</b>	CM15-0084994		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/21/2009
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 50 year old female, who sustained an industrial injury on 03/21/2009. She reported injuring himself after a fall at work. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having left shoulder pain status post surgeries, cervical strain/myofascial pain, cervicgia, lumbago, left sacroiliac joint arthropathy, and lumbar radiculopathy. Treatment and diagnostics to date has included bilateral shoulder surgeries, chiropractic treatment, left shoulder MRI, and medications. In a progress note dated 04/01/2015, the injured worker presented with complaints of persistent pain in his low back, neck, and shoulder. Objective findings include paralumbar spasm and decreased lumbar flexion. The treating physician reported requesting authorization for a pain management follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Follow up pain management visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Criteria for the Use of Opioids, Weaning of Medications Page(s): 8, page(s) 76-77, and page 124.

**Decision rationale:** The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Consultation with pain management specialists is specifically supported before a trial of opioid medication if the worker's complaints do not match the examination and/or imaging findings and/or there are psychosocial concerns, the worker requires more opioid medication than the equivalent of morphine 120mg daily, or the worker is not tolerating opioid weaning. The submitted and reviewed records indicated the worker was experiencing pain in the lower back, neck, and shoulder. The documented pain assessments were minimal and did not contain most of the elements recommended by the Guidelines. These records did not suggest any of the above situations were occurring. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a follow up visit with a pain management specialist is not medically necessary.