

<b>Case Number:</b>	CM14-0143810		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47 year-old female who was injured on 3/4/11 by pulling laundry out of a dryer. She complained of upper back and right shoulder pain with numbness of her hand. Physical exam showed right interscapular tenderness, no scapular winging, normal strength and sensation, and no pain with range of motion. She was diagnosed with thoracic sprain, rotator cuff sprain, and carpal tunnel syndrome. She was treated with medications such as Tylenol and ibuprofen, which kept her "functional". She was also prescribed Cymbalta, which helped her sleep better. She tolerated the medications without side effects. She was also prescribed physical therapy. Massages helped alleviate the pain. A pain management consult was requested to evaluate for the potential benefit of trigger point injections or facet joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations Chapter 7 page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 92, 289, 296.

**Decision rationale:** The request for Pain Management Consult is not medically necessary. As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with...treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." The patient was diagnosed with thoracic and rotator cuff sprain. There was no documentation of red flags for serious underlying medical conditions that would require a referral to a specialist. She also did not fail conservative treatment. The patient had improved with medications and massages. She had also been prescribed physical therapy but the outcome was not documented. Therefore, the need for a referral to pain management is not medically necessary.