

<b>Case Number:</b>	CM14-0147956		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 58-year-old male who reported an injury on 05/26/2010. The mechanism of injury was not provided. On 08/05/2014, the injured worker presented with pain in the bilateral shoulders. Upon examination of the cervical spine, there was a negative Spurling's test and tenderness to the paraspinal muscles. The motor strength revealed 5-/5 in the bilateral shoulders. The diagnoses were left shoulder intermittent symptomatic at MMI, right shoulder impingement, and multilevel degenerative disc disease with possible disc herniation at L5-S1, right sided. The provider recommended a specialist referral for a pain management consultation, complete blood count, chem 7, and a liver panel test. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Specialist referral pain management consultation and treatment to bilateral shoulder:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Page(s): 1.

**Decision rationale:** The request for Specialist referral pain management consultation and treatment to bilateral shoulder is not medically necessary. The California MTUS states that, if the pain persists, the provider needs to reconsider the diagnosis and decide whether a specialist is necessary. There is a lack of documentation of previous treatments the injured worker underwent. A complete and adequate pain assessment was not provided, and the provider's rationale for the need for a specialist referral was not provided. There was a lack of documentation of how a specialist referral would allow the provider to evolve in a treatment plan or goals for the injured worker. As such, medical necessity has not been established.

**Complete blood count test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in workers

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 70.

**Decision rationale:** The request for Complete blood count test is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 weeks to 8 weeks after starting therapy, but the interval of repeat lab testing after this treatment has not been established. Routine blood pressure monitoring is, however, recommended. It is unclear when the last laboratory monitoring was performed. As such, medical necessity has not been established.

**Chem 7 test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, work loss data

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for Chem 7 test is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 weeks to 8 weeks after starting therapy, but the interval of repeat lab testing after this treatment has not been established. Routine blood pressure monitoring is, however, recommended. It is unclear when the last laboratory monitoring was performed. As such, medical necessity has not been established.

**Liver panel test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, work loss data

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 70.

**Decision rationale:** The request for Liver panel test is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 weeks to 8 weeks after starting therapy, but the interval of repeat lab testing after this treatment has not been established. Routine blood pressure monitoring is, however, recommended. It is unclear when the last laboratory monitoring was performed. As such, medical necessity has not been established.