

Case Number:	CM15-0112468		
Date Assigned:	06/18/2015	Date of Injury:	09/10/2009
Decision Date:	07/23/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male who sustained an industrial injury on 09/10/2009. Current diagnoses include cervical spine degenerative disc disease, stenosis, radiculopathy, and right shoulder internal derangement. Previous treatments included medication management, physical therapy, right shoulder injection, acupuncture, cervical epidural steroid injection, and TENS unit. Previous diagnostic studies include a right shoulder MRI, right shoulder and cervical spine x-rays, CT scan of the cervical spine, and MRI of the thoracic spine. Initial injuries occurred to the right side of his body specifically the neck, right shoulder, ribs, and across his body after a forklift truck crashed into him causing him to be thrown from a palette. Report dated 03/18/2015 noted that the injured worker presented with complaints that included neck pain and right shoulder pain. Pain level was not included. Physical examination was positive for decreased range of motion and tenderness to palpation in the right shoulder. The treatment plan included awaiting authorization for cervical surgery, and obtain right shoulder MRI CD and report and if older than 1 year request a new MRI. Disputed treatments include 6 follow up visits with a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 follow up visits with a pain management specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines opioids Page(s): 77.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has several issues causing a long and chronic pain scenario which is proving difficult to treat. Given the multiple body areas involved in chronic pain and resistance to current modalities, it is reasonable to seek assistance from a chronic pain specialist to ensure a single point of care with respect to treatment modalities, specifically opioid pain medications. Given the complexity of the patient's history, consultation with a pain management specialist is appropriate to ensure adequate oversight, risk assessment, and eventual plan for weaning, etc. In the opinion of this reviewer, however, the modification by utilization review to allow for one consultation visit to assess added clinical value of specialty referral prior to approval of six visits is reasonable, and therefore the request for pain management consultation x 6 is not medically appropriate.