

Case Number:	CM15-0117219		
Date Assigned:	06/25/2015	Date of Injury:	04/27/2011
Decision Date:	07/28/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/17/2015

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: North Carolina

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 27 year old male, who sustained an industrial injury on 04/27/2011. He has reported injury to the neck, left shoulder, bilateral wrists, left knee, and low back. The diagnoses have included cervicalgia; traumatic musculoligamentous strain of the cervical spine with spondylosis; left upper extremity radiculitis; left shoulder impingement syndrome, partial tear of the cuff; residual brachial plexus injury; bilateral carpal tunnel syndrome; musculoligamentous strain of the lumbar spine with left leg radicular pain; and left knee sprain/strain, internal derangement. Treatment to date has included medications, diagnostics, bracing, injections, acupuncture, physical therapy, and home exercise program. Medications have included Motrin, Tramadol ER, Nabumetone, and Pantoprazole. A progress note from the treating physician, dated 05/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the left shoulder; he has difficulty with repetitive pushing, pulling, and lifting activities, and he has difficulty sleeping on the left shoulder; increasing anxiety; pain in the lower part of the cervical spine and paracervical muscles; range of motion of the cervical spine is decreased; pain in the lower back along with intermittent radicular pain in the left leg with heavy lifting activities; and the right knee pain has improved following the injection treatment. Objective findings included tenderness on palpation over the subacromial region of the left shoulder; Neer's sign is positive and thumb's down test is positive; limited range of motion on abduction and external rotation of the left shoulder; tenderness to palpation over the lower part of the cervical spine; cervical spine range of motion is decreased; tenderness to palpation over the lumbar spine, paravertebral muscles; and there are spasms and guarding. The treatment plan has included the request for pain management evaluation for the lumbar spine, cervical spine, left shoulder, and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation for the lumbar spine, cervical spine, left shoulder and bilateral wrists: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing pain despite conservative therapy. The referral for a pain specialist would thus be medically necessary and approved.