

<b>Case Number:</b>	CM15-0026850		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Arizona, California  
 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 47-year-old female, who sustained an industrial injury on May 10, 2013. She has reported cumulative trauma injury. The diagnoses have included left shoulder impingement, left shoulder subacromial bursitis, biceps tendinitis, rotator cuff tenosynovitis with tendinopathy, left shoulder sprain, and cervical sprain. Treatment to date has included 40 chiropractic treatment, electrodiagnostic studies, medications, acupuncture, h-wave. Currently, the IW complains of pain of shoulder, mid-back, bilateral Achilles, bilateral foot, and bilateral wrists. She reports improvement with use of the H-wave. Physical findings reveal increased range of motion to the left shoulder, sensory loss at C5-6, pain with abduction, and pain in the lumbar spine with a decreased range of motion, positive Kemps test. The records indicate the electrodiagnostic studies were within normal limits. The records indicate she is a QIW (qualified injured worker). The current progress note indicates she recently traveled back from [REDACTED], and reports significant pain, loss of sleep, and no treatment. A decreased range of motion is noted to the cervical spine. On February 5, 2015, Utilization Review non-certified a referral for pain management (cervical spine). The ACOEM and ODG guidelines were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of referral for pain management (cervical spine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for pain management (Cervical Spine): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004) Chapter 7, page 127; Official Disability Guidelines (ODG) Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office visit, follow-ups and pain chapter | 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the claimant had been receiving epidural injections from a spine surgeon. The claimant had been seeing a chiropractor and receiving pain medications from a primary treating physician. There is no indication of other modalities that the pain specialist can offer that cannot be provided by the existing providers in the care of the claimant. As a result, the referral to pain specialist is not medically necessary.