

<b>Case Number:</b>	CM15-0040346		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old female, who sustained an industrial injury on 3/3/2014. The mechanism of injury and initial complaint was not provided for review. Diagnoses include lumbosacral sprain/strain, right shoulder sprain/strain, bilateral knee sprain and right foot sprain. Treatments to date include physical therapy, acupuncture, and home interferential unit use and medication management. A progress note from the treating provider dated 1/16/2015 indicates the injured worker reported right shoulder pain and low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-eval consult with pain management specialist [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient presents with moderate unrated pain in the right shoulder and lower back. The patient's date of injury is 03/03/14. Patient has no documented surgical history directed at these complaints. The request is for RE-EVAL CONSULT WITH PAIN MANAGEMENT SPECIALIST [REDACTED]. The RFA was dated 02/03/15. Physical examination dated 02/03/15 reveals tenderness to palpation of the lumbar spine with guarding and spasms noted, positive straight leg raise test bilaterally, and decreased sensation to the L5 and S1 dermatomes bilaterally. Shoulder examination reveals tenderness to palpation of the acromioclavicular joint and reduced range of motion, especially on abduction. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Per 02/03/15 progress note, patient is classified temporarily totally disabled until 03/03/14. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127: "The occupational health practitioner may refer to other specialists 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. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." In regard to this pain management consultation, the request appears reasonable. It is not clear how many pain consultations this patient has had to date, as none of the encounter notes were included. However, ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. In this case, the patient suffers from continuing lower back and shoulder pain which is poorly controlled by conservative measures such as physical therapy and medications. The requesting physician is justified in seeking a second opinion and such a consultation/re-evaluation could produce benefits for this patient. Therefore, the request IS medically necessary.