

Case Number:	CM15-0070240		
Date Assigned:	04/20/2015	Date of Injury:	05/14/2008
Decision Date:	05/21/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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: Virginia
 Certification(s)/Specialty: Neurology

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 53 year old male, who sustained an industrial injury on 5/14/2008. He reported a fall, twisting his left ankle and landing on his left knee. The injured worker was initially diagnosed as having an ankle sprain. Treatment to date has included diagnostics, surgical intervention to the ankle in 2012, corticosteroid injection, physical therapy, and medications. A right shoulder injury was noted in 1/2009, while lifting a heavy trash can. A motor vehicle accident was noted in 11/2011, with injury to his cervical and lumbar spines. Other diagnoses included cervical post-laminectomy syndrome with bilateral upper extremity radicular symptoms, right shoulder sprain/strain, and left ankle internal derangement, status post surgery. A request for initial pain management consultation was noted on 3/02/2015. A pain management consultation note, dated 3/11/2015, was submitted. Currently, the injured worker complains of ongoing neck pain, low back pain, and right shoulder pain. His neck pain was rated 7/10. He also reported left foot and ankle pain (not rated). Current medications included Anaprox and Prilosec. Imaging results of the cervical spine were referenced. On 3/11/2015, he received a corticosteroid injection to his right shoulder, with improved range of motion noted, but little improvement in neck pain and/or radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Occupational and Environmental Medicine (ACOEM), second edition. (2004), Chapter 7 pg. 127.

Decision rationale: ACOEM guidelines states that a clinician may refer to another specialist if a diagnosis is uncertain or is extremely complex. He may also refer if psychosocial factors are present or when the course of care may benefit from additional expertise. In the case of the injured patient detailed above, there is documented continued low back pain and neck pain as well as foot pain and continued right shoulder pain. There is a documented pain consult dated 03/11/2015, which resulted in a glucocorticoid injection in the right shoulder resulting in improved range of motion of the right shoulder. There is no specific treatment plan detailed which clarifies why another pain consult is needed at this juncture. Therefore, according to the guidelines and a review of the evidence, a request for a pain management consult is not medically necessary.