

<b>Case Number:</b>	CM15-0097563		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 39-year-old female, who sustained an industrial injury on March 19, 2012. Treatment to date has included cervical fusion and medications. Currently, the injured worker complains of pain in the left shoulder, left wrist, left hand, left finger/thumb, bilateral neck and bilateral upper back. She rates her pain an 8 on a 10 point scale and describes the pain as aching, stinging, tingling, sore and tight in nature. She reports difficulty sleeping and wakes in pain. Other associated symptoms include decreased muscle mass and strength, numbness and tingling with pain. On physical examination, she has cervical tenderness to palpation and limited range of motion. She has tenderness to palpation of the thoracic spine and her left shoulder AC joint. The diagnoses associated with the request include pain in the shoulder joint, adhesive capsulitis of the shoulder, disorders of the bursae and tendons in the shoulder, cervicgia and status post cervical fusion surgery. The treatment plan includes pain management for medication management and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue with pain management for medication management:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** This patient sustained an injury in March 2012 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the he is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Continue with pain management for medication management is not medically necessary and appropriate.