

<b>Case Number:</b>	CM13-0011577		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 72-year-old female who was reportedly injured on 5/16/2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 7/22/2013, indicated that there were ongoing complaints of neck, low back, and left arm pains. The physical examination demonstrated cervical spine decreased range of motion and lumbar spine decreased range of motion. No recent diagnostic studies were available for review. Previous treatments included cervical spine surgery and medications to include Oxycodone and Tramadol. A request was made for consultation and treatment and was not certified in the pre-authorization process on 7/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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, and on the Official Disability Guidelines (ODG), Neck and Upper Back.

**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:** ACOEM guidelines state 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 conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After review of the medical documentation provided, there was no identification of the requested consult of the treatment. However, upon review of claims, invalidated 7/30/2013, it did state the treating physician was contacted, and the treating physician stated the request was not necessary. Without any documentation supporting the necessity of referral for consultation treatment, this request is not medically necessary.