

Case Number:	CM13-0020346		
Date Assigned:	01/15/2014	Date of Injury:	05/25/2011
Decision Date:	03/20/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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:

According to the records made available for review, this patient presents with a 5/25/11 date of injury. At the time of request for authorization for transfer of care to physiatrist, there is documentation of subjective (chronic neck and bilateral shoulder pain that causes headaches as well as low back pain radiating to the leg) and objective (tenderness to palpations and spasms over the cervical spine with tight flexion range of motion. Shoulder abduction at 180 degrees with mild generalized joint tenderness; and tenderness to palpation in lumbar area with lumbar spine flexion at 70 degrees) findings, current diagnoses (cervical strain, lumbar strain, radicular lower extremity, and radicular upper extremity), and treatment to date (TENS unit, physical therapy, acupuncture treatment, chiropractic treatment, and medications). There is documentation of a request for referral to MPN physiatrist since the patient needs chronic pain management which the requesting physician cannot do.

IMR ISSUES, DECISIONS AND RATIONALES

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

transfer of care to a physiatrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated 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, as criteria necessary to support the medical necessity of transfer of care/consultation. Within the medical information available for review, there is documentation of diagnoses of cervical strain, lumbar strain, radicular lower extremity, and radicular upper extremity. In addition, given documentation of subjective findings (chronic neck and bilateral shoulder pain that causes headaches), conservative treatment (TENS unit, physical therapy, acupuncture treatment, chiropractic treatment, and medications), and a rationale identifying a request for referral to MPN physiatrist since the patient needs chronic pain management which the requesting physician cannot do, there is documentation that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice. Therefore, based on guidelines and a review of the evidence, the request for Transfer of Care to a Physiatrist is medically necessary.