MAXIMUS Federal Services

Case Number:	CM13-0022882		
Date Assigned:	11/15/2013	Date of Injury:	03/26/2011
Decision Date:	11/12/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/11/2013

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 internal medicine and is licensed to practice in new york. 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:

This is a 48 year old patient whos sustained injury on Feb 15 2010 to Mar 27 2011. She had ongoing issues with lower back pain and pain to the right inguinal area. She was send for an MRI of the lumbar spine and had 24 sessions of physical therapy which provided some relief and then her pain returned. She was noted to have had a hysterectomy in July 7 2011. She had multiple consultation for depression, back and inguinal pain from orthopedics, neurology, internal medicine, psychology. Due to her ongoing pain and lack of findings on workup, a referral was made for an OB/GYN consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT: OB/GYN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, , 127

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) () <chap 6, pg 115,163

Decision rationale: Per ACOEM guidelines, a consultation is supposed to aid in the assessment of diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness for return to work.The patient had ongoing pain issues and had been evaluated multiple tiems by a variety of different services to no avail. A consultation to OB/GYN would be medically appropriate in order to aid with diagnosis and further treatment. The request is medically necessary.