

Case Number:	CM13-0049835		
Date Assigned:	12/27/2013	Date of Injury:	09/20/2009
Decision Date:	02/26/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient presents with pain in the neck, low back with radiating symptoms to the lower extremities, upper extremities, bilateral knees, and ankles pains. Patient has widespread pain and the treating physician, [REDACTED] is concerned about possible diagnosis of fibromyalgia and has asked for rheumatology consultation per report, 10/02/2013. ACOEM Guidelines page 127 states that health practitioner may refer to other specialist 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. In this case, the treating physician is concerned about fibromyalgia and rheumatology consult is quite reasonable. Recommendation is for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 rheumatology consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with pain in the neck, low back with radiating symptoms to the lower extremities, upper extremities, bilateral knees, and ankles pains. Patient

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