

Case Number:	CM13-0051294		
Date Assigned:	12/27/2013	Date of Injury:	06/04/1999
Decision Date:	03/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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 Plastic Surgery, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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:

The patient is a 57-year-old female who reported an injury on 06/04/1999. The mechanism of injury was not provided. The patient's diagnoses are noted to include lumbar degenerative disc disease, bilateral lower extremity radiculopathy, history of transverse myelitis, chronic inflammatory demyelinating polyradiculopathy, depression, fibromyalgia, herpes zoster, systemic lupus erythematosus, reactive airway disease, medication induced gastritis, status post gastric bypass, right sacroiliitis, and corticosteroid induced atrophy of the right buttock. In a 10/08/2013 office note, it was noted that the patient was being referred to a plastic surgeon to evaluate the corticoid steroid induced atrophy in the subcutaneous fat of the injection site with consideration for transfer to fill the deformities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plastic surgeon referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Pain, Office visits

Decision rationale: According to the Official Disability Guidelines, office visits are recommended as determined to be medically necessary. The Guidelines further state that outpatient office visits with medical doctors play a critical role in the proper diagnosis and return to function of injured workers and should be encouraged. The specific need for office visits is individualized based upon review of patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the patient was noted to have significant atrophy to her right buttock as the result of an injection in the subcutaneous fat, the request for an evaluation by a plastic surgeon is supported by Guidelines. As such, the request for plastic surgeon referral is certified.