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| Case Number: | CM13-0067971 | | |
| Date Assigned: | 03/21/2014 | Date of Injury: | 02/13/2008 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 Family Practice and is licensed to practice in Mississippi and Texas. 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 50-year-old female who reported an injury on 02/13/2008 due to a fall that resulted in disc herniation, tetra paresis, generalized ability, spasticity, and chronic low back pain. The injured worker's treatment history included cervical spinal fusion, an intrathecal pain pump, and psychological support. The injured worker is unable to ambulate independently or perform self-transfers. The injured worker underwent labs on 11/21/2013 that provided evidence of renal insufficiency and evidence of infection. The injured worker also has a history of anemia. The injured worker was evaluated on 12/04/2013. The injured worker's diagnoses included history of trauma to the spine, status post anterior and posterior cervical fusion, spastic quadriparesis, chronic low back pain, neurogenic pain, diminished mobility, status post baclofen pump, mild cognitive deficits, depression, and mild renal failure. A request was made for a consultation with a hematologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH A HEMATOLOGIST (ANEMIA): Upheld

Claims Administrator guideline: The Claims Administrator 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), chapter 7, page 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) 7, page(s) 127.

Decision rationale: The California Medical Treatment Utilization Schedule recommends specialty consultations when the injured worker has a complex history and when the injured worker's treatment plan would benefit from additional expertise. The clinical documentation submitted for review does indicate that the injured worker has a history of anemia. However, the injured worker's most recent clinical evaluation documents that that is stable. It was noted within the documentation that the injured worker's anemia is managed with iron supplements. As the injured worker's condition is stable and managed with medications, the need for a specialty consultation is not clearly indicated. As such, the requested consultation with a Hematologist (Anemia) is not medically necessary or appropriate.