

Case Number:	CM13-0069862		
Date Assigned:	02/24/2014	Date of Injury:	07/12/2012
Decision Date:	06/09/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation and Pain Management, 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 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 patient is a 53 year old male with an injury date of 07/12/12. Based on the 10/14/13 progress report provided by [REDACTED] the patient's diagnosis include the following: 1) Lumbosacral sprain/strain 2) Left sciatica 3) Cervical and thoracic sprain/strain 4) Knee sprain/strain 5) Shoulder sprain/strain [REDACTED] is requesting for the following: 1) Neurosurgical Consultation 2) Pain Management The utilization review determination being challenged is dated 12/02/13 and recommends denial of both the neurosurgical consultation and pain management. [REDACTED] is the requesting provider, and he provided three treatment reports from 08/12/13- 10/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROSURGICAL CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33-35.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College Of Occupational And Environmental Medicine (ACOEM) 2nd Edition (2004), page 127.

Decision rationale: According to the 10/14/13 progress report by [REDACTED], the patient presents with lumbosacral sprain/strain, left sciatica, cervical and thoracic sprain/strain, knee sprain/strain, and shoulder sprain/strain. The request is for neurosurgical consultation. ACOEM Practice Guidelines page 127 has the following: "The occupational health practitioner may refer to other specialists 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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The request is not medically necessary and appropriate.

PAIN MANAGEMENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College Of Occupational And Environmental Medicine (ACOEM) 2nd Edition (2004), page 127.

Decision rationale: According to the 10/14/13 progress report by [REDACTED], the patient presents with lumbosacral sprain/strain, left sciatica, cervical and thoracic sprain/strain, knee sprain/strain, and shoulder sprain/strain. The request is for pain management. ACOEM page 127 states "the occupational health practitioner may refer to other specialists 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." ACOEM supports specialty consultation and the patient should be allowed pain management consultation to address the persistent and chronic pain. The request is not medically necessary and appropriate.