

Case Number:	CM14-0001412		
Date Assigned:	01/22/2014	Date of Injury:	10/31/2013
Decision Date:	06/23/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 51-year-old female who has submitted a claim for cervical, thoracic, and lumbar disk syndrome, sprain/strain, and segmental dysfunction, associated with an industrial injury date of October 31, 2013. Medical records from 2013-2014 were reviewed, which showed that the patient complained of neck, upper back, and mid back pain, more on the right. She also complained of low back pain radiating to the bilateral legs, more on the left. On physical examination, cervical and lumbar range of motion was restricted. There was tenderness, spasm, myofascial pain, and trigger points in the neck, thoracic, and lumbar spine. Lasegue test was positive bilaterally. Patrick test created less low back pain. Braggard's test was questionable. Kemp test increased low back pain. Cervical compression, Soto Hall, and shoulder depression tests created less neck and upper back pain. Cervical distraction test was negative. Reflexes in all extremities were absent. Sensation was decreased on the left lower extremity. The patient wore a lumbar support. Treatment to date has included medications, physical therapy, chiropractic treatment, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL FOR PM&R CONSULTATION FOR CERVICAL/THORACIC/LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM 2ND EDITION, 2004, 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) Chapter 7, page(s) 127, 156

Decision rationale: According to pages 127 and 156 of the ACOEM Guidelines, consultations are recommended, and a 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. In this case, psychiatry consult was requested to guide management in view of the patient's prior chronic low back injury. However, there was no discussion regarding uncertainty or complexity in the diagnosis. Furthermore, the medical records showed that the patient already had a consultation with a physical medicine and rehabilitation specialist dated November 20, 2013 (3 weeks post-injury) for her cervical, lumbar, and thoracic spine complaints. The psychiatrist recommended continuation of physical therapy sessions. There is no clear rationale for another psychiatrist consult. As such, the request is not medically necessary.

TREATMENT WITH PM&R (UNSPECIFIED) FOR CERVICAL/THORACIC/LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM 2ND EDITION, 2004, 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) Chapter 7, page(s) 127, 156

Decision rationale: According to pages 127 and 156 of the ACOEM Guidelines, consultations are recommended, and a 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. In this case, there was no discussion regarding uncertainty or complexity in the diagnosis. Furthermore, the medical records showed that the patient already had a consultation with a physical medicine and rehabilitation specialist dated November 20, 2013 (3 weeks post-injury) for her cervical, lumbar, and thoracic spine complaints, and further physical therapy was recommended; however, the present request does not specify the treatment to be rendered. It also does not specify the frequency and duration of treatment. As such, the request is not medically necessary.