

Case Number:	CM14-0105345		
Date Assigned:	07/30/2014	Date of Injury:	11/05/2013
Decision Date:	09/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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 Nevada. 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 22 year old male who was reportedly injured on November 5, 2013. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated July 10, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated 5'6", 118 pound individual with ongoing complaints of headache and entire spine pain. There was no gross deformity of the lumbar spine. There was tenderness to palpation with guarding, range of motion was slightly reduced and straight leg raising was negative bilaterally, Faber's test was equivocal, motor function strength was 5/5 and deep tendon reflexes were intact and equal bilaterally, and sensation was normal. Diagnostic imaging studies noted no loss of disc space and no lordosis or evidence of fractures or tumors. Previous treatment included medications, physical therapy, H wave and other conservative interventions. A request was made for laboratory studies and a consultation and was not certified in the preauthorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RHEUMATOID FACTOR LAB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Non-MTUS Medical Services Commission. Rheumatoid Arthritis: Diagnosis Management

and Monitoring. Victoria (BC): British Columbia Medical Services Commission; 2012 Sep 30.7 P. (12 References).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that there is indication for blood laboratory work to evaluate the side effects of any medications being employed. The mechanism of injury is noted as a slip and fall. The H- Wave device has provided a positive response indicating that the injury is nothing more than a soft tissue myofascial strain. It is also noted that the extent of complaints have expanded to include the entire spine. Plain films did not identify any evidence of acute pathology. The narrative only indicates that the purpose of this serological workup is to establish a basis for the complaints. However, when noting the mechanism of injury, the injury sustained response to treatment to date and the lack of any significant findings on physical examination, there is no medical necessity for these other studies. The medical necessity for such interventions has not been established.

1 CONSULTATION WITH A NEUROLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Diagnosis and Treatment of Headache. Bloomington (MN): Institute For Clinical Systems Improvement (ICSI); 2011 Jan.84 P. (174 References).

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): Consultation, page 127.

Decision rationale: As outlined in the guidelines, a consultation can be sought if the diagnosis is a newly complex or uncertain. In this case, there are subjective complaints of headache. However, when noting the reported mechanism of injury, the injury sustained and the current treatment plan, there is no clinical indication presented to suggest any intracranial event. Therefore, an evaluation by neurologist is not medically necessary.