

Case Number:	CM14-0118040		
Date Assigned:	08/13/2014	Date of Injury:	01/12/2014
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/28/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old male with a work injury dated 1/12/14. The diagnoses include partial cuff tear/rotator cuff impingement; back surgery in 2007. Under consideration is a request for consultation with spine specialist for sciatica symptoms. There is a primary treating physician report dated 7/15/14 that states that the patient comes for follow up for his right shoulder. On exam he has positive Hawkins and Neer impingement signs. There is no pain at the AC joint on palpation. The treatment plan included steroid shoulder injection, a recommendation for physical therapy. The patient has been asking about his recurrent sciatica symptoms since another physician saw him and made him permanent and stationary back on June 29, 2009. There was a recommendation to see a spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Spine Specialist for Sciatica Symptoms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits.

Decision rationale: The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The MTUS Chronic Pain Guidelines states that fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and "breakthrough" pain may occur during the chronic clinical course and adjustments to the treatment will be necessary. The documentation does not indicate evidence of sciatica on physical exam or history. The documentation indicates discussion and more detailed shoulder follow up/exam findings. Without clear documentation of the necessity to see a specialist, the request is not medically necessary and appropriate.