

Case Number:	CM14-0124658		
Date Assigned:	08/08/2014	Date of Injury:	08/10/2000
Decision Date:	09/23/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old female with an 8/10/00 date of injury and status post cervical fusion in 2009. At the time (6/19/14) of request for authorization for Follow-Up with Orthopedic Surgeon for Left Shoulder Pain, Follow-Up with Pain Management Physician, and Follow-Up with Cardiologist, there is documentation of subjective (pain response with tachycardia and drop in blood pressure causing the patient to become faint and nauseated; and left shoulder instability) and objective (tenderness of the upper back and neck, decreased cervical range of motion, positive apprehension sign with right shoulder abduction; tingling down the left upper extremity into the fingers; low back pain radiating down to the left lower leg with weakness, and delayed patellar reflexes) findings, current diagnoses (cervical sprain with myelopathy, thoracic sprain, left shoulder sprain with possible SLAP tear, lumbar sprain/strain, and spinal myelopathy with lower extremity weakness), and treatment to date (medications). In addition, medical report identifies a request for follow-up with orthopedic surgeon for increasing left shoulder pain, instability and subluxing with overhead movements; follow-up with pain management physician for evaluation and treatment of continued significant spinal injury. Furthermore, medical report identifies that the patient uses blood pressure medication to control her heart rate and that the cardiologist that evaluated her refused to see her for re-evaluation. Regarding Follow-Up with Orthopedic Surgeon for Left Shoulder Pain and Follow-Up with Cardiologist, there is no documentation that the plan or course of care may benefit from additional expertise. Regarding Follow-Up with Pain Management Physician, there is no documentation that a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up with Orthopedic Surgeon for Left Shoulder Pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINESSHOULDER CHAPTER.

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) Independent Medical Examinations and Consultations, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of cervical sprain with myelopathy, thoracic sprain, left shoulder sprain with possible SLAP tear, lumbar sprain/strain, and spinal myelopathy with lower extremity weakness. However, despite documentation of a request for follow-up with orthopedic surgeon for increasing left shoulder pain, instability and subluxing with overhead movements, and given no documentation of objective findings in the left shoulder, there is no documentation that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for Follow-Up with Orthopedic Surgeon for Left Shoulder Pain is not medically necessary.

Follow-Up with Pain Management Physician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINESPAIN CHAPTER- OFFICE VISITS.

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) Independent Medical Examinations and Consultations, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of cervical sprain with myelopathy, thoracic sprain, left shoulder sprain with possible SLAP tear, lumbar sprain/strain,

and spinal myelopathy with lower extremity weakness. However, despite documentation of a request for follow-up with pain management physician for evaluation and treatment of continued significant spinal injury, and given the chronicity of the patient's spinal symptoms with no documentation of a rationale for transferring care to another pain management physician, there is no documentation that a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for Follow-Up with Pain Management Physician is not medically necessary.

Follow-Up with Cardiologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES PAIN CHAPTER- OFFICE VISITS.

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) Independent Medical Examinations and Consultations, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of cervical sprain with myelopathy, thoracic sprain, left shoulder sprain with possible SLAP tear, lumbar sprain/strain, and spinal myelopathy with lower extremity weakness. However, given no documentation of a rationale for follow-up with cardiologist and that the cardiologist that evaluated her previously refused to see her for re-evaluation, there is no documentation that a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for Follow-Up with Cardiologist is not medically necessary.