MAXIMUS Federal Services

Case Number:	CM14-0129195		
Date Assigned:	09/29/2014	Date of Injury:	01/17/2014
Decision Date:	11/05/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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 & 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 injured worker is a 52-year-old male who reported injury on 01/17/2014. The mechanism of injury was a motor vehicle accident. The prior therapies included 2 visits of physical therapy, chiropractic treatment, and a thumb spica splint. The injured worker underwent x-rays. The injured worker's medications included Norco 10/325 twice a day, Ambien 10 mg at bedtime, and Fioricet every 6 hours as needed. The injured worker underwent an MRI of the left thumb, MRI of the cervical spine and an MRI of the lumbar spine. The surgical history was not provided. The most recent documentation was dated 06/24/2014 revealed the injured worker had tenderness to palpation bilaterally in the cervical spine. The injured worker had numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. There was decreased range of motion with muscle guarding. The injured worker's reflexes were 2/4 bilaterally in the biceps, triceps, and brachioradialis. The physical examination of the lumbar spine revealed decreased range of motion. The injured worker had tenderness to palpation bilaterally with increased muscle rigidity. The deep tendon reflexes were 2/4 bilaterally in the patella and 2/4 in the Achilles tendon on the right and1/4 in the Achilles tendon on the left. The sensory examination was decreased in the posterior lateral thigh and posterior lateral calf in the approximate L5-S1 distribution. The diagnoses included cervical musculoligamentous injury with associated cervicogenic headaches and bilateral upper extremity radicular symptoms, left thumb sprain/strain, and lumbar myoligamentous injury. The treatment plan included trigger point injections and diagnostic lumbar epidural steroid injections as well as a return visit. There was no documented rationale for the orthopedic evaluation nor was there a documented date for the request. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist Referral for Orthopedic Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines: Chapter 7, page 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 6, page 163

Decision rationale: The American College of Occupational and Environmental Medicine indicate that a referral may be appropriate to aide in assessing the diagnoses/prognoses and therapeutic management of an injured worker. The injured worker had objective findings of decreased range of motion in the lumbar spine and cervical spine. The deep tendon reflexes were 2/4 bilaterally in the patella and 2/4 in the Achilles tendon on the right and1/4 in the Achilles tendon on the left and the sensory examination was decreased in the posterior lateral thigh and posterior lateral calf in the approximate L5-S1 distribution. The clinical documentation submitted for review failed to provide documented rationale for the request. There was a lack of documented rationale and the original date of request was not supplied. Additionally, the request as submitted failed to indicate the type of specialist being requested. Given the above, the request for specialist referral for orthopedic evaluation is not medically necessary.