

Case Number:	CM14-0026437		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2012
Decision Date:	07/17/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 06/05/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/22/2014 indicated diagnoses of cervical spine strain, thoracic spine strain, and lumbar spine strain, right shoulder strain, left shoulder strain, right elbow strain, left elbow strain, right wrist/hand strain and left wrist/hand strain. The injured worker reported pain to the neck, upper and lower back as well as the right and left shoulders, right and left elbows and forearms and right and left wrists and hands. On physical examination of the bilateral anterior thighs and bilateral mid lateral thighs, there was light sensation to touch. The injured worker's prior treatments included diagnostic imaging, CPAP, and medication management. The injured worker was not on any medications as of 04/22/2014. The provider submitted a request for an orthopedic consultation, a pain medicine consultation, psych consultation and a neurology consultation. A Request for Authorization dated 04/22/2014 was submitted for a neurology consultation and a psych consultation. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. It is not clear how a neurological exam would aid in the provider's determination of prognosis, therapeutic management and determination of medical stability for the injured worker. In addition, there was no clear rationale or justification to support the consultation. Therefore, the request for a neurology consultation is not medically necessary.

Psych Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 100.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. There is a lack of evidence in the subjective data to indicate a mental health condition, and there is no indication of the injured worker appearing depressed or anxious. In addition, the provider did not indicate a rationale or a justification for the request. Therefore, the request for a psych consultation is not medically necessary.

Pain Medicine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state if complaints persists, the MD needs to reconsider the diagnosis and decide whether a specialist is necessary. There is a lack of evidence to indicate that the injured worker is in need of pain management. In addition, the clinical note dated 04/22 indicates that the injured worker is not on

medications at this time. Therefore, the request for a pain medicine consultation is not medically necessary.

Orthopedic Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The documentation submitted does not provide objective data to support the need for an orthopedic consultation. In addition, the provider did not include a rationale for the request, and there is no justification for the request. Therefore, the request for an orthopedic consultation is not medically necessary.