

Case Number:	CM14-0031594		
Date Assigned:	06/20/2014	Date of Injury:	06/04/2013
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational Medicine 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 claimant is a represented [REDACTED], employee who has filed a claim for chronic neck, low back, hand, finger, and shoulder pain reportedly associated with an industrial injury of August 7, 2013. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; opioid therapy; trigger point injection therapy; a shoulder corticosteroid injection; and a lumbar epidural injection. In a utilization review report dated February 26, 2014, the claims administrator denied preauthorization for an initial consultation, denied preauthorization for unknown x-rays, and denied preauthorization for unspecified medications. The claims administrator stated that insufficient information had been furnished, which might establish medical necessity of the request in question. The claims administrator cited non-MTUS Chapter 7 ACOEM Guidelines in its denial. In a later handwritten note on May 19, 2014, it was stated that the claimant was considering or contemplating cervical discectomy and fusion surgery. It appears that the requests in question were initiated via a request for authorization form dated February 12, 2014. The request was initiated by a physician whom the claimant consulted. The consulting physician sought authorization not only for the initial consultation but also sought authorization for unspecified x-rays and unspecified medications to treat pain, muscle spasms, and inflammation. The provider in question evaluated the claimant on February 26, 2014. The claimant was described as presenting with complaints of neck, left upper extremity, left shoulder, low back, and left leg pain, it was stated. X-rays of the lumbar spine, cervical spine, and left leg were taken and were negative for any acute changes, but did reveal degenerative changes of uncertain clinical significance. The claimant has to pursue acupuncture, physical therapy, spine surgery consultation, pain management consultation, and a neurology consultation while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre authorization for initial consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints should have appropriately led the primary treating provider to reconsider the operating diagnosis and consider a specialist evaluation. In this case, the applicant had seemingly responded unfavorably to initial treatment with time, medications, observation, and physical therapy. Obtaining the added expertise of another provider in another specialty was indicated. Therefore, the request for pre authorization for initial consultation is medically necessary and appropriate.

Pre authorization X rays unknown body parts: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, 42.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 216.

Decision rationale: ACOEM Practice Guidelines, Chapter 8, Table 8-8, page 182.3. ACOEM Practice Guidelines, Chapter 12, Table 12-8, page 309.4. ACOEM Practice Guidelines, Chapter 14, Table 14-6, page 377. The MTUS/ACOEM Guidelines state that routine usage of x-rays without any specific concerns is "not recommended." Similarly, guidelines also note that routine plain film radiographs for ankle injuries are "not recommended." Additionally the MTUS/ACOEM Guidelines state that routine usage of plain film radiography of the cervical spine is "not recommended" if red flags are absent. Finally, MTUS/ACOEM Guidelines state that routine radiographs for shoulder complaints are "not recommended" before four to six weeks of conservative treatment. In this case, however, the attending provider sought authorization for each and all of the x-rays in question without having personally evaluated the applicant. In this case, the attending provider sought authorization for the studies in question without having formulated an operating diagnosis or differential diagnosis. The attending provider did not state why routine radiographs of multiple body parts were being requested. Therefore, the request for pre authorization x-rays, unknown body parts is not medically necessary and appropriate.

Pre authorization medications: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: According to the MTUS/ACOEM Guidelines, consideration of comorbid conditions, side effects, costs, and efficacy of medications should guide the attending provider's choice of recommendations. The attending provider should, furthermore, discuss the efficacy of medication for the particular condition with the applicant, ACOEM goes on to note. In this case, however, the attending provider requested authorization for a variety of medications without any accompanying narrative rationale, commentary, discussion with applicant, or progress note. As noted by ACOEM guidelines, medication choice is an applicant specific issue and should be discussed with the applicant. Therefore, the request for pre authorization of medications is not medically necessary and appropriate.