

<b>Case Number:</b>	CM14-0032989		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for brachial neuritis, chronic neck pain, chronic mid back pain, chronic low back pain, and chronic shoulder pain reportedly associated with an industrial injury of May 6, 2009. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off work. In a utilization review report dated February 3, 2014, the claims administrator denied a request for a vascular surgery initial consultation, denied a request for a neurosurgery initial consultation, and denied a request for gastroenterology follow-up visit. The claims administrator stated that the documentation on file did not discuss or detail a gastrointestinal problem. The claims administrator also stated that the attending provider did not furnish any rationale for either a neurosurgery consultation or a vascular surgery consultation. The applicant's attorney subsequently appealed. In a handwritten progress note of December 4, 2013, the applicant was in fact asked to consult a psychiatrist, a vascular surgeon, a neurosurgeon, a pain management specialist, and an internist. The applicant was apparently presenting with issues related to hand, shoulder, neck, and upper back pain. On January 9, 2014, it was seemingly suggested that the applicant wanted to consider a left shoulder surgery. It was also stated that the applicant also wanted to consult an endodontist for unspecified dental issues. Overall documentation was extremely sparse. No rationale for the consultations in question was provided. The applicant was simply asked to consult a variety of specialists using pre-printed check boxes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VASCULAR SURGEON INITIAL CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM , CHAPTER 7 ACOEM FOR INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS REGARDING REFERRALS.

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

**Decision rationale:** While page 1 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does state that the persistence of complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist's evaluation is necessary, in this case, however, there is no clear mention or discussion of any vascular surgery issues such as claudications, venous varicosities, etc. All the documentation on file, as noted previously, employs pre-printed check boxes and furnishes little or no narrative commentary. No rationale for pursuit of the vascular surgery consultation in question has been provided. Therefore, the request is not medically necessary.

**NEUROSURGEON INITIAL CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, ACOEM FOR INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS REGARDING REFERRALS.

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

**Decision rationale:** While page 1 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does acknowledge that the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist's evaluation is necessary, in this case, however, as with the other request, no rationale for pursuit of the consultation in question has been provided. There is no clear mention or discussion of issues such as a large cervical herniated disc, a brain tumor, carpal tunnel syndrome, etc., present here, for which neurosurgical consultation or intervention would be indicated. No rationale for the consultation in question has been provided. The documentation on file comprised largely of pre-printed check boxes. Therefore, the request is not medically necessary.

**GASTROENTEROLOGIST FOLLOW UP VISIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, ACOEM FOR INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS REGARDING REFERRALS.

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

**Decision rationale:** Again, while page 1 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does acknowledge that the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist's evaluation is necessary, in this case, however, no rationale for the proposed gastroenterology follow-up visit was provided. There is no discussion of issues with reflux, heartburn, dyspepsia, hematemesis, melena, etc., which would warrant a gastroenterology follow-up visit. The documentation on file, as noted previously, comprised largely of pre-printed check boxes. Therefore, the request is not medically necessary.