

Case Number:	CM14-0035369		
Date Assigned:	06/23/2014	Date of Injury:	04/08/2009
Decision Date:	07/24/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/21/2014

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 and is licensed to practice in Nevada. 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 51-year-old female who was reportedly injured on April 8, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 16, 2014, indicates that there are ongoing complaints of neck and low back pain with left upper extremity and left lower extremity numbness and tingling. Current medications include Flexeril, Norco, and Lidopro cream. The physical examination demonstrated decreased cervical spine range of motion and decreased sensation in the left C7 dermatome. Diagnostic imaging studies objectified facet joint degenerative disc disease above and below a three-level fusion from C4 through C7. Continued treatment was planned to include conservative management, a home exercise program, Norco, Flexeril, and Lidopro cream. A request was made for a [REDACTED] membership and continued care for orthopedic complaints. The request was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing care with MD for general orthopedic complaints: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 2.

Decision rationale: According to the most recent progress note in the medical record, dated January 16, 2014, the injured employee has requested to continue conservative management of her neck and low back pain. Considering this, it is unclear why follow-up appointments are needed with a specialty provider such as general orthopedics. Without specific justification, this request for ongoing care for general orthopedic complaints is not medically necessary.

██████████: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation International Journal of Obesity advance online publication, 14 January 2014; doi:10.1038/ijo.2013.227.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

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Decision rationale: The injured employee is stated to be 5 foot three and weigh 165 pounds with a BMI of 29. There has been apparent recent weight loss and there is no documentation that the injured employee has morbid obesity or any open issues related to the compensable injury. This request for a ██████████ membership is not medically necessary.