MAXIMUS Federal Services

Case Number:	CM14-0051511		
Date Assigned:	07/07/2014	Date of Injury:	10/23/2013
Decision Date:	08/27/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old female with a 10/23/13 date of injury. At the time of request for authorization (3/13/14) for a physiatrist consultation for the right chest, there is documentation of subjective complaint of continued pain on the upper back radiating to the right side of the lower rib cage. The objective findings were mild tenderness along the right paraspinous area with full range of motion (ROM) and pinpoint tenderness along the right lower anterior rib cage. Her current diagnoses include thoracic spine sprain and possible chondritis or coastal neuropathic pain on the right chest wall. The treatment to date is ongoing therapy with medications, activity modification, and acupuncture. In addition, medical report identifies referral to physical medicine to address persistent neuropathic pain that radiates from the back to the anterior rib cage; refill pain medications, and continue acupuncture therapy. There is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiatrist consultation for the right chest: Upheld

Claims Administrator guideline: The Claims Administrator 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 7 Independent Medical

Examinations and Consultations, page 127 Official Disability Guidelines,Low Back, evaluation & management.

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 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of thoracic spine sprain and possible chondritis or coastal neuropathic pain on the right chest wall. However, despite documentation of a rationale identifying referral to physical medicine to address persistent neuropathic pain that radiates from the back to the anterior rib cage, and given documentation of a plan identifying refill pain medications and continue acupuncture therapy. There is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for physiatrist consultation for the right chest is not medically necessary.