

Case Number:	CM14-0053339		
Date Assigned:	07/07/2014	Date of Injury:	03/16/1995
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 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:

The injured worker is a 67-year-old male with 3/16/95 date of injury. The mechanism of injury is not described. Progress report dated 06/10/14 states subjective complaints, discomfort in the hands with numbness and tingling, low back pain along with radiation to lower extremities. The patient feels that his toes are getting numb and sometimes he feels weakness. Objective findings state that the patient is positive for double vision, dizziness, and severe tenderness at the cervical paravertebrals. Cervical compression test is positive with radicular symptoms in the upper extremities. Restriction in flexion and extension of the right hand, examination of the wrists reveal painful flexion-extension close to normal arm, positive Tinel sign bilaterally suggestive of carpal tunnel syndrome. Tenderness is found at the L4-L5 and L5-S1. Diagnoses include status post bilateral carpal tunnel syndrome release, cervical strain, cervical disk disease, lumbar strain, right de Quervain's, anxiety/stress, lumbar disk disease, cervicogenic headaches, status post lumbar spine surgery, right MetRx L4/L5, L5/S1 laminoforaminotomy, sprain/strain of the right hand long finger. Request is for referral to internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Internist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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) Clinical Topics: ACOEM Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156), ODG Pain Chapter.

Decision rationale: The Expert Reviewer's decision rationale:CA MTUS recommends consultations and a health practitioner may refer to other specialists if a diagnosis is uncertain or when the plan or course of care may benefit from additional expertise. Laboratory reports dated 11/4/13 are included and indicate elevated glucose, cholesterol, LDL cholesterol non-LDL cholesterol, hemoglobin A1C, and homocysteine, positive for helicobacter pylori. In addition, 4/8/14 report states the patient is experiencing occasional gastric irritation. Considering the patients age and findings, this request is medically necessary.