

Case Number:	CM14-0188258		
Date Assigned:	11/18/2014	Date of Injury:	01/17/2014
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 New York & North Carolina. 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:

This patient, a 35 year old man, was injured 1/17/2014 working as a maintenance mechanic, lifting a bar bracket. He is diagnosed with a lumbar sprain, disc degenerative disease at multiple levels, and disc protrusion at L4-5. He has radicular pain to the right lower extremity. He is appealing the denial of his request to transfer to another facility for care, issued 10/10/14. 9/30/14 progress report notes that he has been treated conservatively and advised to work light duty under the care of physiatrist. He had an ESI that did not improve his pain. Additional work-up was requested (NCS/EMG and spinal surgeon consultation), and he is depending on his pain medication, including Norco, Amrix and Naproxen. Other medications included Gabapentin and Tizanidine. He also saw an orthopedist that recommended physical therapy and advised to gradually increase his activity and return to work. He has also been seen by an occupational medicine specialist who treated him conservatively and referred him to a physiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to another facility between 10/7/14 and 11/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM chapter 7-Independent Medical Examinations and consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: "How to choose a doctor" (Consumer Reports on Health: July 2009) - <http://consumerreports.org/cro/2014/09/how-to-choose-a-doctor/index.htm> "When it's time to fire your doctor" - (Consumer Reports: September 2014) <http://www.consumerreports.org/cro/2012/04/when-it-s-time-to-fire-your-doctor/index.htm>.

Decision rationale: There are many reasons that someone would request a transfer of care from one physician to another. One may be the need for a different type of expertise. Others may be interpersonal and communication issues, or simply accessibility or an unhelpful office staff. It is not clear who initiated this request. This patient has seen Occupational Medicine, Physiatrist and Orthopedics. It is not clear what new information or options he feels are needed. Medical necessity has not been established. Although there are no guidelines under the CA MTUS, he has not given a thoughtful reason for requesting transfer of care. Therefore, this request is not medically necessary.