

Case Number:	CM14-0189454		
Date Assigned:	11/20/2014	Date of Injury:	06/25/2010
Decision Date:	02/10/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/13/2014

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 Internal 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 injured worker (IW) is a 40-year-old man with a date of injury of June 25, 2010. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are lumbar disc protrusion; lumbar radiculopathy; cervical disc protrusion; and cervical radiculopathy. Pursuant to the Primary Treating Physician's progress noted dated October 10, 2014, the IW complains of headaches rated 3-5/10, neck pain rated 6/10, and back pain rated 5-7/10. He reports the pain is associated with weakness, numbness, giving way, locking, grinding, and swelling in the whole body. Examination of the cervical spine reveals tenderness to palpation (TTP) noted over the paravertebral region bilaterally. Examination of the lumbar spine reveals TTP, guarding, and spasms noted over the paravertebral region and spinous process bilaterally. Range of motion was restricted due to pain and spasm. Sensory examination revealed decreased sensation at L4, L5, and S1 dermatomes and decreased sensation to the right foot. Current medications include Cyclobenzaprine HCL 7.5mg #60, Tramadol 150mg #60, and Enova-RX Ibuprofen 10% cream. A review of the medical record indicates a mildly positive ANA blood test. The indication for the ANA blood test is not in the medical record. The September and October 2014 progress notes under the treatment plan and recommendation #3 states "I am requesting psychological and rheumatologic evaluation reports for review". It is unclear whether the IW has seen a rheumatologist and the treating physician is waiting for the report or whether the treating physician is anticipating sending the patient will rheumatologist. The current request is for rheumatology consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines, rheumatology consultation is not medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned to function of an injured worker. The need for an office visit with a healthcare provider is individualized based upon review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are lumbar disc protrusion; lumbar radiculopathy; cervical disc protrusion; and cervical radiculopathy. A review of the medical record indicates a mildly positive Antinuclear Antibodies (ANA) blood test. The indication for the ANA blood test is not in the medical record. The September and October 2014 progress notes indicate under the Treatment Plan and Recommendation, #3 states "I am requesting psychological and rheumatologic evaluation reports for review". It is unclear whether the injured worker has seen a rheumatologist and the treating physician is waiting for the report or whether the treating physician is anticipating sending the patient will rheumatologist. In either scenario, there is no clinical indication or clinical rationale for documentation to support a rheumatology consultation. Consequently, absent clinical documentation to support a rheumatology referral, a clinical indication, and a clinical rationale, rheumatology consultation is not medically necessary.