

Case Number:	CM14-0191980		
Date Assigned:	11/25/2014	Date of Injury:	07/20/2012
Decision Date:	01/12/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Practice 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 53 year old female claimant sustained a work injury on 7/20/12 involving the neck, back, wrists and right shoulder. She was diagnosed with carpal tunnel syndrome and underwent a carpal tunnel release on 3/18/14. She was additionally diagnosed with cervical and lumbar strain. A progress note on 10/10/14 indicated the claimant had tenderness in the cervical spine, a positive Spurling's sign, paraspinal muscle spasms, a positive left sided straight leg raise and reduced flexion and extension. She had completed physical therapy. Due to long term medication use, the claimant had heartburn and indigestion. The physician requested an internal medicine consult for the GI complaints and an MRI of the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) specialist referral, page127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the diagnosis was not complex. Chronic medication use caused indigestion. Modification or symptom-causing medication does not require internal medicine consultation. The request above is not medically necessary.

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equine, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, there was no indication of the above symptoms. The request for an MRI of the lumbar spine is not medically necessary.

MRI of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is recommended for red flag symptoms such as cauda equine, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, there was no indication of the above symptoms. The request for an MRI of the cervical spine is not medically necessary.