

Case Number:	CM14-0040760		
Date Assigned:	06/27/2014	Date of Injury:	06/10/2009
Decision Date:	01/26/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of June 10, 2009. A utilization review determination dated March 27, 2014 recommends non-certification for a consultation with an allergist/immunologist. Non-certification is recommended due to lack of documentation describing the patient's rash to support the need for referral/consultation. A progress report dated March 19, 2014 identifies subjective complaints of improved headaches following the addition of Neurontin. The last time the patient had an injection in his shoulder he had hives. The injection was performed with Kenalog and lidocaine. Physical examination reveals tenderness to palpation over the right inferior nuchal line. The diagnosis is mixed headache with muscle contraction headache and occipital nerve impingement. The treatment plan recommends a right occipital nerve block with 4 mg of Decadron and of avoiding lidocaine due to a previous "injection with these it before in his shoulder and he had hives." Possible side effects of medication were discussed with the patient. A Permanent and Stationary report dated February 14, 2014 indicates that the patient's physician is requesting an allergist/immunologist secondary to a rash after the injection. The treatment plan recommends consultation with immunologist/allergist. A progress report which is undated and incomplete containing no subjective complaints identifies physical examination findings stating that there is "no rash present at the site." The treatment plan states "this is potentially a reaction to an additive or preservative in the corticosteroid injection. The injection was 20 mg of kenalog and he had an injection previously with 3 MLs of lidocaine with no reaction. I am recommending referral to an allergist/immunologist for allergy testing to identify the specific allergen and subsequent exposure may be worse than the 1st."

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Immunologist / Allergist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7 Page 127

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears there is some concern that the patient had a rash following a previous injection. A subsequent note indicates that an injection was recommended to be repeated with a different steroid medication. This should help identify whether the patient was sensitive to the particular steroid use in the first injection. There is no note describing the outcome of the subsequent injection using Decadron. Additionally, the patient's reaction to the injection was not well described. It is unclear whether it was simply skin sensitivity to the injection, or actual hives. There is no documentation indicating how long it lasted, what area of the body was affected, and whether there were any associated symptoms such as shortness of breath. These items are key in helping determine what the etiology of the patient's complaints might have been. In the absence of such documentation, the currently requested consultation with immunologist/allergist is not medically necessary.