

Case Number:	CM15-0104475		
Date Assigned:	06/19/2015	Date of Injury:	08/22/2014
Decision Date:	07/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 8/22/14. The injured worker has complaints of low back pain; buttocks hurts all the time; right elbow pain. The documentation noted that the injured worker reports that she is being denied neck and right elbow. The documentation noted that the injured worker had pre-existing diagnosis of bilateral carpal tunnel syndrome and she had undergone previous bilateral carpal tunnel release. The documentation noted that cervical spine examination revealed tenderness C7, 4+ with muscle spasm and movements are extremely painful and restricted. Thoracic spine examination revealed tenderness 4+ with muscle spasm and movements are painful and restricted and lumbar spine examination revealed excruciating pain, tenderness 4+ with severe muscle spasm and bruising a little better than before. Right shoulder examination revealed tenderness present 3+ and she can go up to 140 degrees. The diagnoses have included low back pain. Treatment to date has included physical therapy; medications; electrodiagnostic on 10/2014 and magnetic resonance imaging (MRI) of the cervical spine on 10/23/14 showed no evidence of cord contusion or recent traumatic injury and degenerative changes most pronounced at the C5-C6 and C6-C7 levels with mild canal stenosis. The request was for follow up with appointment with doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with appointment with doctor: Overturned

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) page 127.

Decision rationale: The patient presents with pain affecting the low back, buttocks, neck, right shoulder and right elbow. The current request is for Follow up with appointment with doctor. The treating physician report dated 5/11/15 (24B) states, "I advised her to see [REDACTED] so please give us authorization for that for a follow up." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists 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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The medical reports provided, show the patient continues to have pain affecting the neck, low back, right shoulder, and right elbow on a level of 10/10. In this case, the patient presents with severe chronic pain and the treating physician is requesting a follow up with a physician who specializes in pain management for further evaluation and to monitor the patient's medications and ensure that they are maintaining their efficacy. The current request is medically necessary.