

Case Number:	CM15-0011396		
Date Assigned:	01/29/2015	Date of Injury:	09/20/2010
Decision Date:	04/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 9/20/2010. The current diagnoses are status post lumbar fusion (2/4/2013), bilateral shoulder sprain/strain, bilateral knee sprain/strain, anxiety, depression, and elevated blood pressure. According to the progress report dated 5/15/2014, the injured worker complains of constant low back pain radiating to the right lower extremity associated with numbness and tingling. The pain is rated 4/10 with medications and 7-8/10 without. The medications prescribed were Cyclobenzaprine, Theramine, Sentra AM/PM, and Gabadone. Treatment to date has included medication management, extracorporeal shockwave therapy, acupuncture, electrodiagnostic studies, MRI, and surgical intervention. The plan of care includes ENT Consultation, TENS unit 30 days trial with supplies for rental, follow-up visit in 4-6 weeks, psychological evaluation, and evaluation with specialist for elevated blood pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENT Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- Independent Medical Examinations and Consultations, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has hearing loss. This would be outside the primary physician's scope of practice. Therefore, ENT consult is medically warranted.