MAXIMUS Federal Services

Case Number:	CM15-0132510		
Date Assigned:	07/20/2015	Date of Injury:	06/10/2009
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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
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 66 year old male, who sustained an industrial injury on June 10, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having HNP of lumbar spine with moderate to severe stenosis, bilateral L5 spondylolysis, lumbar radiculopathy, thoracic sprain/strain, cervical sprain/strain, possible cervical radiculopathy, right shoulder rotator cuff tear, bilateral shoulder impingement and bursitis, left S1 radiculopathy and bilateral carpal tunnel syndrome and right sacroiliitis. Treatment to date has included diagnostic studies, home exercises, medication, occipital nerve block and cortisone injection. On May 26, 2015, the injured worker complained of low back and neck pain rated as an 8 on a 1-10 pain scale with persistent spasms in the neck. His medications were noted to decrease his pain temporarily by 50%. Notes stated that he was authorized to have a lumbar epidural injection but the injection was cancelled due to an allergic reaction he had with a prior cortisone injection to the right shoulder. The treatment plan included a consultation with an allergy specialist to determine whether additional injections are appropriate, medications and a follow-up visit. On July 1, 2015, Utilization Review non-certified the request for allergy specialist consultation, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Allergy specialist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Second Edition (2004), Chapter 7, page 127, and Consult guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to the CA MTUS ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The medical records noted that the injured worker has been authorized interventional pain management procedure of the lumbar spine. However, due to allergic reaction to an injection given to the shoulder, a specialty request is being made to determine candidacy for further injections. Given that the injured worker has been authorized an epidural steroid injection, the requested especially consultation is supported to determine appropriateness of additional injections. The request for Allergy specialist consultation is medically necessary and appropriate.