

Case Number:	CM15-0140364		
Date Assigned:	07/30/2015	Date of Injury:	08/16/2011
Decision Date:	09/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old who has filed a claim for chronic neck, shoulder, knee, hip, low back, and wrist pain reportedly associated with an industrial injury of August 16, 2011. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for a referral to a particular provider to address issues with headaches. Non-MTUS ODG Guidelines were referenced in the rationale, along with a June 11, 2015 progress note. The applicant's attorney subsequently appealed. On October 2, 2014, it was acknowledged the applicant was not working and was receiving [REDACTED] ([REDACTED]) benefits in addition to workers compensation indemnity benefits. On June 11, 2015 RFA form, various medications, a spine surgery consultation, and a referral to headache specialist were endorsed. In an associated progress note of the same date, June 11, 2015, the applicant reported multifocal complaints of neck pain, headaches, knee pain, hip pain, shoulder pain, back pain, and upper extremity paresthesias. The applicant was not working, it was acknowledged. The requesting provider was an orthopedist surgeon, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for headaches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

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

Decision rationale: Yes, the proposed referral for headaches was medically necessary, medically appropriate, and indicated here. The requesting provider suggested on June 11, 2015 that the request in fact represented a request for referral to a neurologist suggesting the applicant's ongoing complaints of headaches. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92 referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, was likely ill-equipped to address issues with headaches. Obtaining the added expertise of a practitioner better equipped to address these issues, such as a neurologist, was indicated. Therefore, the request was medically necessary.