

Case Number:	CM15-0145713		
Date Assigned:	08/06/2015	Date of Injury:	06/11/2014
Decision Date:	09/03/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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 (IW) is a 45-year-old male who sustained an industrial injury on 06/11/2014. He reported cumulative trauma to his back, neck, both shoulders, waist, both legs, and both feet. The injured worker was diagnosed as having: Cervical spine sprain-strain; Bilateral shoulder sprain-strain; Bilateral shoulder tendinosis and acromioclavicular degenerative arthrosis; Lumbar spine disc protrusions, annular tear L4-5; Treatment to date has included a left sided L4-L5 decompression or foraminotomy, L4-L5 Microdiscectomy, L4-L5 partial laminotomy, partial inferior facetectomy, and partial superior laminotomy (02-25-2015), medications, and chiropractic care. Currently, the injured worker complains of occasional moderate stabbing, throbbing neck pain, stiffness, and heaviness radiating to both arms. He complains also of constant severe sharp stabbing low back pain that radiates to the outer legs. He complains of left shoulder pain that is occasional, moderate, achy, sharp and cramping radiating to the left hand. He has similar right shoulder pain and heaviness radiating to the right hand. He complains of depression, anxiety, irritability and loss of sleep due to pain. On exam, he has 5+5 motor strength bilaterally in the upper and lower extremities. Deep tendon reflexes are normal. There is tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii. The cervical paravertebral muscles and bilateral trapezii also had spasm. There is no bruising, swelling, atrophy or lesion in the bilateral shoulders, but there is +3 tenderness to palpation of the anterior, posterior shoulder and trapezius with muscle spasm of the trapezius. The treatment plan is for follow up in 4-6 weeks and referrals to appropriate specialists. A request for authorization was made for: 1. Follow Up in 4-6 weeks 2. Refer to Pain Management (cervical spine, bilateral shoulder) 3. Refer to Internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up in 4-6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. The provided documentation show continuation of symptoms and therefore a follow up visit is medically necessary.

Refer to Pain Management (cervical spine, bilateral shoulder): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Office Visits.

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 ongoing complaints of shoulder pain that have failed treatment by the primary treating physician. Therefore, criteria for an orthopedic consult have been met and the request is medically necessary.

Refer to Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Office Visits.

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 form additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The provided clinical records do not indicate any ongoing disease states or diagnoses due to industrial incident that would require an internal medicine consult and therefore the request is not medically necessary.