

Case Number:	CM15-0149108		
Date Assigned:	08/12/2015	Date of Injury:	09/12/2011
Decision Date:	09/10/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male who sustained a work related injury September 12, 2011. According to a primary treating internal medicine physician's progress report, dated June 2, 2015, the injured worker presented with complaints of headache, sexual dysfunction, constipation and diarrhea, bright red blood per rectum, gastroesophageal reflux, difficulty swallowing, cervical spine pain, lumbar spine pain left knee pain, bilateral ankle pain and left hip pain all unchanged. The physician documented that the injured worker is alert and oriented but aggressive and uncooperative and a full physical examination could not be completed. He ambulates with a cane. Partial physical examination revealed; 5'6" and 204 pounds, unable to visualize the fundus-eyes, the lungs are clear to auscultation, heart rhythm regular without rubs or gallops, the abdomen is soft with normoactive bowel sounds, no tenderness or guarding, limited range of motion of extremities upon flexion and extension of the bilateral knees. Diagnoses are constipation-diarrhea; GERD, secondary to NSAIDS; dysphagia; hypertension; shortness of breath, rule out cardio versus pulmonary versus anxiety; chest pain; sleep disorder, cervical, thoracic, lumbar, bilateral knee sprain strain; cephalgia. Deferred diagnoses to a private physician are sexual dysfunction; urinary frequency. Treatment recommendations included a 2D echocardiogram, MRI's of the lumbar spine, cervical spine, and bilateral knees. At issue, is the request for authorization for a spine specialist consultation, neurology consultation, and ophthalmology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One spine specialist consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 171.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In the case of this injured worker, the rationale for a consultation with a spine surgeon is not apparent. The date of injury is remote and there is a lack of discussion of diagnostic work-up and conservative care to date. Due to a lack of documentation, this request is not medically necessary.

One neurology consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 171, 180.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In the case of this injured worker, the rationale for a consultation with a neurologist is not apparent. The date of injury is remote and there is a lack of discussion of diagnostic work-up and conservative care to date. It is not clear what new neurologic issues or changes are noted. Due to a lack of documentation, this request is not medically necessary.

One ophthalmology consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 416.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In the case of this injured worker, the rationale for a consultation with an ophthalmologist is to evaluate for blood vessels changes secondary to hypertension. Hypertension is listed as an industrially related diagnosis in this worker's case. A progress note from 1/19/15 indicates that the fundi were unable to be visualized. However, there is no description of a change in vision, and the history does not document any noted changes. Give, this request is not medically necessary. However, if visual changes are noted in the future, this request may be appropriate.