

Case Number:	CM15-0149598		
Date Assigned:	08/12/2015	Date of Injury:	04/08/2009
Decision Date:	09/16/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/01/2015

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

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 61 year old female, who sustained an industrial injury on 4-8-2009. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic pain of cervical spine, lumbar sprain/strain, status post cervical fusion and removal of hardware and exploration. Treatments to date include activity modification, medication therapy, physical therapy, and acupuncture treatments. Currently, she complained of ongoing low back and neck pain with radiation to upper and lower extremities. The records indicated she was status post surgery on the right elbow for osteomyelitis and hardware removal with ongoing treatment of intravenous antibiotics via a PICC line. On 6-3-15, the physical examination documented the surgical incision to the right elbow was clean and without signs of infection with a PICC line noted to the left arm. The plan of care included a request to authorize ongoing follow up with orthopedic specialty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Follow up with an Orthopedic Specialty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127 and Official Disability Guidelines, Pain Chapter, Office visits.

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) ACOEM guidelines, chapter 7, page 127.

Decision rationale: Based on the 06/03/15 progress report provided by treating physician, the patient presents with neck pain that radiates down bilateral upper extremities, low back pain with spasms to left leg, and osteomyelitis to right arm. The patient is status post cervical spine fusion 04/26/12. The request is for ongoing follow up with an orthopedic specialty. Patient's diagnosis on 06/03/15 included chronic pain of the cervical spine, and lumbar sprain/strain. Physical examination on 06/03/15 revealed well-healed cervical and lumbar incisions. Tenderness to palpation noted to cervical paraspinal muscles and decreased sensation throughout left upper extremity. Treatment to date has included surgery, imaging studies, activity modification, physical therapy, acupuncture, and medications. Patient's medications include Tylenol #3, Cymbalta, Norco, Norflex and Capsaicin cream. The patient is permanent and stationary, per 06/03/15 report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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 consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Treater has not provided reason for the request. ACOEM recommends for consultations when a "diagnosis is uncertain" or "when the plan of care may benefit from additional expertise." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested an orthopedic consultation. Given the patient's continued symptoms despite surgery and conservative care, this request appears reasonable and may benefit the patient. Therefore, the request is medically necessary.