

Case Number:	CM15-0165336		
Date Assigned:	09/02/2015	Date of Injury:	02/11/2014
Decision Date:	10/06/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, 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:

This 48 year old man sustained an industrial injury on 2-11-2014. The mechanism of injury is not detailed. Evaluations include thoracic spine x-rays dated 2-28-2014, cervical spine x-rays dated 2-28-2014, chest x-ray dated 2-28-2014, chest MRI dated 3-3-2014, cervical spine MRI dated 3-4-2014, thoracic spine MRI dated 3-7-2014, thoracic spine x-rays dated 3-5-2015, and cervical spine x-rays dated 3-5-2015. Treatment has included oral medications. Physician notes on a PR-2 dated 4-28-2015 show complaints of neck and upper back pain. Recommendations include electromyogram of the bilateral upper extremities, cervical spine MRI, thoracic spine MRI, physical therapy, pain medicine follow up, internal medicine consultation, neurology consultation, orthopedist consultation, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consultation regarding the cervical and thoracic spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain chapter Page(s): 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant has radiculopathy and known disc disease with chronic pain and arthropathy. The request for a neurology consultation is medically necessary along with other diagnostics ordered to provide input for the claimant's complex symptoms.