

Case Number:	CM15-0183191		
Date Assigned:	09/24/2015	Date of Injury:	06/08/2012
Decision Date:	10/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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, Florida, 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:

This 57 year old woman sustained an industrial injury on 6-8-2012. Diagnoses include headache, bilateral shoulder sprain-strain, lumbar spine sprain, and bilateral foot plantar fasciitis. Treatment has included oral and topical medications and physical therapy. Physician notes on a PR-2 dated 8-6-2015 show complaints of lumbar spine pain rated 9 out of 10 with radiation to the bilateral ankles and feet, bilateral shoulder pain rated 8 out of 10, increased insomnia, and improved depression. The physical examination shows bilateral rotator cuff pain, bilateral shoulder diffuse tenderness, and bilateral shoulder crepitation with normal range of motion with pain at the extremes. A lumbar spine assessment is not available. Recommendations include left shoulder MRA, topical compounds, physical therapy, spine surgery consultation, internal medicine consultation, psychology consultation, [REDACTED] consultation, TENS unit, hot-cold therapy unit, urinalysis, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

NS/Spine consult for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

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) Chapter 7, page 127.

Decision rationale: Key points are as follows. The claimant was injured in 2012 with headache, bilateral shoulder sprain-strain, lumbar spine sprain, and bilateral foot plantar fasciitis. As of August, there was lumbar spine pain rated 9 out of 10 with radiation to the bilateral ankles and feet, bilateral shoulder pain rated 8 out of 10, increased insomnia, and improved depression. Neurosurgical structural lesions that would benefit from spine or neurosurgery were not documented. 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The presence of a neurosurgically or spine surgeon correctable lesion is not clear from the records. Also, this request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.