

Case Number:	CM15-0187139		
Date Assigned:	09/30/2015	Date of Injury:	10/16/2006
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 10/16/2006. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include lumbar postlaminectomy syndrome, radiculopathy, status post lumbar fusion, depression, and chronic pain. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing pain in the neck and low back with radiation down bilateral upper extremities and bilateral lower extremities. He complained of ongoing headaches and weakness in bilateral lower extremities. Pain was rated 9 out of 10 VAS with medication and 10 out of 10 VAS without medications. On 8-27-15, the physical examination documented lumbar tenderness with muscle spasm noted. There was limited range of motion due to pain. The straight leg raise test was positive. The provider documented there was a history of treatment for fibromyalgia in the past with some success noted. The appeal requested authorization for a consultation with rheumatologist. The Utilization Review dated 9-16-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with rheumatologist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Consultation with rheumatologist is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation does not reveal evidence of a rheumatological condition that necessitates a specialty consultation. The provider states that the patient has a possible history of fibromyalgia in the past. There is no evidence that the patient has a secondary rheumatological condition in the documentation submitted that could not be managed by the treating provider. Fibromyalgia is a disorder of chronic pain which could be managed by the patient's current pain specialist. The request is therefore not medically necessary.