

Case Number:	CM15-0189133		
Date Assigned:	10/01/2015	Date of Injury:	01/27/2015
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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 is a 42 year old male who sustained a work-related injury on 1-27-15. Medical record documentation on 8-25-15 revealed the injured worker was being treated for lumbago, lumbar spine musculoligamentous sprain-strain, lumbar spine myospasm, cervical spine musculoligamentous sprain-strain, and cervical spine myospasm. He reported persistent neck pain with radiation of pain to the bilateral shoulders and low back pain with radiation of pain to the bilateral lower extremities. He rated his pain a 7 on a 10-point scale. Objective findings included spasms and suboccipital tenderness of the cervical spine. He had pain with cervical spine range of motion and a positive foraminal compression test. He had spasms and tenderness of the lumbar spine and pain with lumbar range of motion. He had a positive sciatic stretch test. Previous treatment included acupuncture therapy and NSAIDS. An MRI of the lumbar spine on 7-3-15 revealed L1-L2 through L5-S1 disc desiccation, degenerative changes at L5-S1, hemangioma at L4, straightening of the lumbar lordotic curvature, and multi-level disc herniation. An MRI of the cervical spine on 7-3-15 revealed mild disc desiccation at C2-C3 to C4-C5. A request for orthopedic consultation for the lumbar spine and the cervical spine was received on 9-9-15. On 9-17-2015 the Utilization Review physician determined orthopedic consultation for the lumbar spine and the cervical spine was not medically necessary based on California Medical Treatment Utilization Schedule, American College of Occupation and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation for the lumbar spine and cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice 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 Official Disability Guidelines (ODG) pain chapter and pf 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, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case the claimant does have a partial tendon tear of the rotator cuff and an initial referral was for a shoulder evaluation. However, the claimant had imaging of the cervical and lumbar spine, which showed degenerative changes and restricted motion. There was no complex diagnosis or need for surgical necessity for these areas. As a result, the consultation with orthopedics regarding the spine is not medically necessary.