

Case Number:	CM15-0189730		
Date Assigned:	10/01/2015	Date of Injury:	01/31/2015
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
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: Connecticut, California, Virginia
 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:

The injured worker is a 26 year old male, who sustained an industrial injury on 1-31-15. The injured worker is being treated for lumbar musculoligamentous sprain-strain with left lower extremity radiculitis and left sacroiliac joint sprain, stress and sleep loss and alopecia. Treatment to date has included lumbar epidural injection, myofascial release, physical therapy, oral medications and activity modifications. On 8-24-15, the injured worker complains of low back pain radiating to the left lower extremity, stress and difficulty sleeping and alopecia. He is currently not working. On 8-24-15 physical exam revealed tenderness to palpation with slight associated spasm and muscle guarding over the lumbar paraspinal musculature and left sacroiliac joint with restricted range of motion and decreased sensation to pinprick and light touch along the L5 dermatomal pattern. The treatment plan included request for authorization for acupuncture, interferential unit, LSO back brace and consultation for alopecia. On 9-16-15 a consultation for alopecia was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation due to alopecia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of injuries if symptoms are persistent for more than a few weeks. In this case, it is unclear how alopecia is related to the work-related injury under consideration. In the opinion of this reviewer, the request for alopecia consultation is not warranted without more detailed reasoning, and therefore, based on the provided records, the request is not medically necessary at this time.