

Case Number:	CM15-0192289		
Date Assigned:	10/06/2015	Date of Injury:	04/09/2010
Decision Date:	11/13/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/30/2015

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:

The injured worker is a 53 year old male who sustained an industrial injury on 04-09-2010. According to a progress report dated 08-20-2015, the injured worker reported no change in his clinical symptoms. He reported the intensity of pain was rated 8 on a scale of 1-10 in the neck and low back and radiated to the upper and lower extremities. He also reported bilateral knee pain that was rated 8. Diagnoses included cervical radiculopathy, cervical pain status post-surgery x 2, lumbar disc protrusion, lumbar radiculopathy, lumbar spinal stenosis and right knee chondromalacia patella. The treatment plan included orthopedic spine second opinion evaluation to evaluate the moderate to severe lumbar stenosis at L4-L5, dental evaluation for evaluation of obstructive sleep apnea for possible molding and fitting the appropriate mouthpiece, general surgery consultation, home exercise program and follow up in 4-6 weeks. The injured worker was permanently disabled. According to a previous progress report dated 05-14-2015, a request was made for the injured worker to be evaluated by internal medicine for a possible hernia. On 09-25-2015, Utilization Review non-certified the request for general surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Surgery Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Second Edition, 2004, Chapter 7, 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 pg 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, there was a prior note for evaluation in May 20-15 for an internist regarding a hernia but the physical exam or subjective complaints did not specify this. The current request for the surgical consultation did not indicate the reason for the consult and there was no mention of abdominal examination. The request for the surgical consultation was not specified and not medically necessary.