

Case Number:	CM15-0206547		
Date Assigned:	10/23/2015	Date of Injury:	06/01/2010
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 a work related injury on 6-1-10. A review of the medical records shows he is being treated for neck, bilateral shoulders and low back pain. In the progress notes dated 9-30-15, the injured worker reports intermittent, mild to moderate neck pain with stiffness that radiates to shoulders, He reports constant, moderate to severe low back pain radiating to legs. He reports bilateral shoulder pain that radiates to both arms. On physical exam dated 9-30-15, cervical range of motion is painful. He has +3 tenderness to palpation of cervical paravertebral muscles and bilateral trapezii. Shoulder depression causes pain. Lumbar range of motion is painful. He has +3 tenderness to palpation of lumbar paravertebral muscles and both sacroiliac joints. He has lumbar paravertebral muscle spasms. He has painful left shoulder range of motion. He has +3 tenderness to palpation of the anterior shoulder, acromioclavicular joint and trapezius. Treatments have included home exercises. Current medications include Norco. He is not working. The treatment plan includes requests for follow-ups with orthopedic surgeon and pain management. The Request for Authorization dated 9-30-15 has requests for follow-ups with orthopedic surgeon and pain management and for a return to clinic appointment. In the Utilization Review dated 10-6-15, the requested treatments of an outpatient follow-up visit-consultation with an orthopedic surgeon and for pain management consultation are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit/consultation with orthopedic/orthopedic surgeon: 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): Initial Approaches to Treatment.

Decision rationale: Guidelines recommend specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, there is no documentation of prior visits previously authorized to indicate medical necessity for additional visits. The request for follow up orthopedic consultation is not medically appropriate and necessary.

Follow up visit/consultation with pain management: 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): Initial Approaches to Treatment.

Decision rationale: Guidelines recommend specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, there is no documentation of prior visits previously authorized to indicate medical necessity for additional visits. The request for follow up pain consultation is not medically appropriate and necessary.