

Case Number:	CM15-0024059		
Date Assigned:	03/18/2015	Date of Injury:	07/28/2011
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, New York, California
 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 applicant is a represented 55-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 28, 2011. In a utilization review report dated January 28, 2015, the claims administrator denied a request for a review of a 'MDS report' while approving requests for Naprosyn and Protonix. Norco and Promolaxin were conditionally denied. The claims administrator referenced a January 13, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a December 18, 2014 progress note, the applicant presented with a variety of complaints, including low back pain, neck pain, mid back pain, leg pain, upper extremity pain, headaches, abdominal pain, and insomnia. The applicant was using Norco and Naprosyn, it was acknowledged. The applicant had received a recent epidural steroid injection. Multiple medications were renewed. The applicant's work status was not clearly detailed. On December 29, 2014, the applicant was deemed "disabled." There is no mention made of the MDS report review request on this occasion. In an RFA form dated January 13, 2015, the attending provider stated that he was seeking authorization to review 'MDS' report.

IMR ISSUES, DECISIONS AND RATIONALES

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

One review MDS report: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 29.

Decision rationale: No, the request for review of an MDS report was not medically necessary, medically appropriate, or indicated here. The request in question is inherently ambiguous and somewhat difficult to follow. It appears that the request in question represents a request for review of a material safety data sheet or MSDS. While the MTUS Guideline in ACOEM Chapter 2, page 29 does suggest that an attending provider review of material safety data sheet (MSDS) in applicants in whom potential chemical exposure is suspected, in this case, however, there is no mention made of the applicant as having a suspected chemical exposure. The applicant was not working, it was further noted, reducing the likelihood of the applicant as having sustained a bona fide chemical exposure for which review of a material safety data sheet (MSDS) would have been indicated. The attending provider's documentation contained no reference to the applicant as having sustained any kind of chemical exposure, either in the workplace or in the home environment. Therefore, the request was not medically necessary.