

Case Number:	CM15-0029165		
Date Assigned:	02/23/2015	Date of Injury:	10/18/2012
Decision Date:	04/02/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/17/2015

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 Jersey
 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 58 year old male, who sustained an industrial injury on October 18, 2012. He has reported injury with loss of consciousness when heavy sheeting weighting a total of approximately 1,300 pounds fell on top of him. The diagnoses have included carpal tunnel syndrome, brachial neuritis or radiculitis, cervical spondylosis with myelopathy, cervicobrachial syndrome, other pain disorder related to psychological factor, pain in joint/shoulder region, post concussion syndrome, reflex sympathetic dystrophy of the upper limb, sprain/strain of unspecified site of wrist, thoracic or lumbosacral neuritis or radiculitis and unspecified backache. Treatment to date has included diagnostic studies, injections, physical therapy and medications. On January 30, 2015, the injured worker complained of neck, left upper extremity, left shoulder, right ankle, low back and wrist pain along with headache. The pain level was noted to have been unchanged since a prior exam. He rated his pain as an 8 on a 1-10 pain scale with medications and as a 10/10 on the pain scale without medications. His quality of sleep was reported to be poor. He is not trying any other therapies for pain relief. On February 18, 2015 Utilization Review non-certified referral to PN ENT evaluation and plus one follow-up visit, noting the CA MTUS/ACOEM Guidelines. On February 17, 2015, the injured worker submitted an application for Independent Medical Review for review of referral to PN ENT evaluation and plus one follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to PN ENT evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a 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 assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, there was insufficient documentation to support the referral. No recent documentation of the worker's symptoms related to the referral (hearing loss?) or physical examination findings related to this request in order to provide sufficient information to base a decision for medical necessity. Without this explanation, the referral to ENT will be considered medically unnecessary at this time.

Plus one follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a 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 assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, there was insufficient documentation to support the referral. No recent documentation of the worker's symptoms related to the referral (hearing loss?) or physical examination findings related to this request in order to provide sufficient information to base a decision for medical necessity. A request for a follow-up with an ENT specialist before the worker has seen them for the first time is also cannot be justified. Therefore, the follow-up visit with the ENT specialist will be considered medically unnecessary at this time.

