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| Case Number: | CM15-0222177 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 12/06/2013 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 11/06/2015 |
| Priority: | Standard | Application Received: | 11/12/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34-year-old female with a date of industrial injury 12-6-2013. The medical records indicated the injured worker (IW) was treated for cervical musculoligamentous sprain-strain with bilateral upper extremity radiculitis and small disc bulge at C6-C7; thoracic musculoligamentous sprain-strain; and lumbar musculoligamentous sprain-strain. In the progress notes (10-19-15), the IW reported pain in the neck, upper back, bilateral shoulder blades and low back. On examination (10-19-15 notes), there was tenderness, spasms and guarding over the cervical paraspinals, suboccipital and bilateral upper trapezius muscles. There were spasms and guarding over the thoracic paraspinals and periscapular region, including the rhomboids and upper trapezius muscles. There was tenderness and guarding over the lumbar paraspinals and quadratus lumborum. Sensation to pinprick and light touch was decreased in the upper extremities along the C6 dermatomal pattern. No muscle weakness was noted in the extremities and deep tendon reflexes were 1+ bilaterally. Treatments included physical therapy, which was beneficial and chiropractic care (outcome not noted). The IW was temporarily totally disabled. The plan for treatment included a neck pillow and gel pack, acupuncture for the neck and a rheumatology consultation. No rationale was given for the need for consultation. A Request for Authorization dated 10-19-15 was received for a rheumatology consultation to rule out fibromyalgia or any other underlying condition. The Utilization Review on 11-6-15 non-certified the request for a rheumatology consultation to rule out fibromyalgia or any other underlying condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatology Consultation to Rule Out Fibromyalgia Or Any Other Underlying

Condition: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examination and Consultation, pages# 127, 156, Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127.

Decision rationale: The 34 year old patient complains of neck pain, upper back pain, bilateral shoulder blade pain, and low back pain, as per progress report dated 10/19/15. The request is for rheumatology consultation to rule out fibromyalgia or any other underlying condition. The RFA for this case is dated 10/19/15, and the patient's date of injury is 12/06/13. Diagnoses, as per progress report dated 10/19/15, included cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis and small disc bulge at C6-7, thoracic musculoligamentous sprain/ strain, and lumbar musculoligamentous sprain/strain. The patient has been diagnosed with left C7 disc herniation, as per progress report dated 07/15/15. The patient is temporarily partially disabled, as per progress report dated 10/19/15. ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, a request for rheumatology consultation to rule out fibromyalgia or any other underlying condition is noted in progress report dated 10/19/15. The patient does complain of chronic pain and may benefit from additional diagnosis and advice. Hence, the request for a rheumatologic consult appears reasonable and is medically necessary.