

Case Number:	CM15-0036899		
Date Assigned:	03/05/2015	Date of Injury:	01/10/2013
Decision Date:	04/17/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/26/2015

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, 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:

This is a 39 year old male patient, who sustained an industrial injury on 1/10/13. He sustained the injury while assisting resident to sit on toilet seat. The diagnoses have included lumbosacral radiculopathy and wrist tenderness/bursitis. Per the doctors note dated 2/16/2015, he had complains of pain in wrists, neck and low back. Physical examination revealed antalgic gait and uses cane for ambulation. Per the doctor's note dated 1/5/2015, he had complaints of low back pain with radiation to bilateral lower extremities with numbness and weakness. On physical exam spasm and tenderness are noted in the paravertebral musculature of lumbar spine with decreased range of motion on flexion and extension. He had decreased grip strength at both wrists and positive Phalen's and reverse Phalen's test. Treatment to date has included oral medications and lumbar support. On 1/30/15 Utilization Review non-certified interpreting services, noting it is not a medical service for the cure or relief of an industrial injury and is therefore not within the scope of utilization review. The Non-MTUS was cited. On 2/26/15, the injured worker submitted an application for IMR for review of interpreting services.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interpreting services: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: Request: 1 Interpreting services. Medical Care Research and Review June 2005 vol. 62 no. 3 255-299. The Impact of Medical Interpreter Services on the Quality of Health Care: A Systematic Review. Glenn Flores. Medical College of Wisconsin. Per the cited reference, "Providing interpreter services is a financially viable method for enhancing delivery of health care to patients with limited English proficiency." The exact level of English proficiency of this patient was not quantified or specified in the records provided. The availability of other medical staff in the clinic, that could assist with translation or interpretation, versus hiring the services of a professional interpreter, was not specified in the records provided. The request is not exactly a medical service. The medical necessity of 1 Interpreting services is not fully established for this patient.