

Case Number:	CM15-0037634		
Date Assigned:	03/06/2015	Date of Injury:	04/22/2014
Decision Date:	04/09/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/27/2015

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: North Carolina
 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 47 year old female who sustained a work related injury on April 22, 2014. She was punched in the face and right shoulder by a psychiatric patient incurring right shoulder, neck, and back pain, nasal pain and congestion, depression and anxiety. She was diagnosed with cervical disc protrusion, sprain and radiculopathy, lumbar sprain and radiculopathy, right shoulder impingement syndrome and sprain, and fractured nose. Treatment included physical therapy, pain medications, and chiropractic treatment. Currently, the injured worker complained of throbbing mid back pain, headaches and difficulty breathing from her nose. On January 23, 2015, a request for a service of an Internal Medicine Consultation and treatment, was modified to an Internal Medicine Consultation; a request for an Ears, Nose and Throat Specialist and treatment, was modified to an Ears, Nose and Throat Specialist consultation; and an MD (medical doctor) referral of medication consultation was non-certified by Utilization Review, noting American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENT Specialist Consult and Treat: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist 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:

1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The request is for a problem outside of the scope of practice of the primary treating physician and therefore is medically necessary.

MD Referral of Medication Consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist 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: 1.

Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The request is for a problem outside of the scope of practice of the primary treating physician and therefore is medically necessary.

Internal Medicine Consult and Treat: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist 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: 1.

Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The request is for a problem outside of the scope of practice of the primary treating physician and therefore is medically necessary.