

<b>Case Number:</b>	CM15-0038059		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	12/08/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old female who sustained an industrial injury on 12/8/14 suffering injuries to her respiratory system and skin. She currently broke out in hives with shortness of breath and elevated blood pressure but as of 1/9/15 has had no recent respiratory symptoms in the past 2 months. Medications are albuterol inhaler, Cetrizine, Pepcid, Benadryl and Singulair. Diagnoses include history of acute allergic reaction in the work place secondary to chemical injury; stress/ anxiety. In the progress note dated 1/9/15 the treating provider requests a consult with dermatology for evaluation of her history of rashes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a dermatologist:** Overturned

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when, "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In this injured worker, there is a documentation of a history of skin rash believe to be due to allergic reaction. The provider is requesting additional expert consultation in this dermatologic issue, and this is appropriate as a dermatologist can provide a second opinion and possibly indicate whether any further treatment options are available.