MAXIMUS Federal Services

Case Number:	CM15-0041535		
Date Assigned:	04/09/2015	Date of Injury:	11/26/2012
Decision Date:	09/22/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/04/2015

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 61-year-old male with an industrial injury dated 11-26-2012. The injured worker's diagnoses include chronic pain syndrome, sexual dysfunction and abdominal pain post-operative complications. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. According to a progress report dated 11-25-2014, the injured worker reported left abdominal pain and unusual swelling involving face and left side. Objective findings revealed abdominal tenderness. In a progress report dated 12-29-2014, the injured worker reported persistent left abdominal pain and the need for a new cane. Objective findings revealed edema in lower extremities and left abdominal tenderness. In a more recent progress note dated 02-11-2015, the injured worker reported that the same problem persists and sexual dysfunction. Objective findings revealed chronic pain syndrome. The treating physician prescribed services for outpatient consultation and evaluation to chiropractor, urologist and general surgeon, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Consultation/Evaluation to Chiropractor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

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 patient has ongoing complaints of chronic pain syndrome, however without specific joint pain, location, the need for chiropractic care cannot be determined, and the request is not medically necessary.

Outpatient Consultation/Evaluation to Urologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

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 patient has ongoing complaints of sexual dysfunction that have failed treatment by the primary treating physician. Therefore, criteria for a urology consult have been met and the request is medically necessary.

Outpatient Consultation/Evaluation to General Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

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 patient has ongoing complaints of abdominal pain that have failed treatment by the primary treating physician. Therefore, criteria for a general surgery consult have been met and the request is medically necessary.