

Case Number:	CM15-0042122		
Date Assigned:	03/12/2015	Date of Injury:	08/31/2008
Decision Date:	04/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
 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:

The injured worker is a 70-year-old female, who sustained an industrial injury on 8/31/2008. The details of the initial injury were not submitted for this review. The diagnoses have included left foot neuralgia, lumbosacral herniation, and lumbar Reflex Sympathetic Dystrophy (RSD). Treatment to date has included medication therapy, custom orthotics for the feet, acupuncture, physical therapy, epidural steroid injections; status post left foot neuroma removal in 2013 and status post L4-5 fusion in 2009 with removal of hardware in 2011. Currently, the IW complains of continued lumbar spine pain, left foot pain and ongoing dermatology symptoms documented as possibly secondary to medication. The physical examination from 2/11/15 documented decreased ability to complete Activities of Daily Living (ADLs), decreased Range of Motion (ROM), positive lumbar tenderness to touch and guarded tenderness to foot. The plan of care included referral to dermatology and referral to neurosurgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Dermatologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine, Chapter 7-Independent Medical Examinations and Consultations pg 127.

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) page 127.

Decision rationale: The patient presents with pain affecting the low back and left foot. The current request is for a Referral to Dermatologist. The treating physician report dated 2/11/15, notes that the patient is experiencing dermatology symptoms possibly secondary to medication. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient presents with ongoing dermatology symptoms. The treating physician is an Orthopedic Surgeon, who referred the patient to consult with a Dermatologist to help treat the patient's current symptoms. Furthermore, the treating physician is recommending the patient to another specialist and has noted that the patient would benefit from additional expertise. Recommendation is for authorization.

Referral to Neurosurgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7-Independent Medical Examinations and Consultations pg 127.

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) page 127.

Decision rationale: The patient presents with pain affecting the low back and left foot. The current request is for a Referral to Neurosurgeon. The treating physician report dated 2/11/15, notes that the patient has diagnoses of left foot neuralgia. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient presents with a diagnoses of left foot neuralgia and an increase in symptoms. The treating physician is an Orthopedic Surgeon, who referred the patient to consult with a Neurosurgeon in order to properly treat the patient's increasing symptoms. Furthermore, the treating physician is recommending the patient to another specialist and has noted that the patient would benefit from additional expertise. Recommendation is for authorization.

