

Case Number:	CM15-0044933		
Date Assigned:	03/17/2015	Date of Injury:	10/28/2007
Decision Date:	04/23/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/10/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 28, 2007. In a Utilization Review Report dated February 16, 2015, the claims administrator failed to approve a request for a consultation while apparently approving a urine drug screen. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the denial and were, furthermore, mislabeled as originating from the MTUS. The claims administrator referenced a February 2, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 2, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, and low back pain reportedly imputed to fibromyalgia. MRI imaging of the cervical spine was apparently negative, the treating provider suggested. The applicant was using Norco, Lyrica, Topamax, and Skelaxin for pain relief. The applicant was also using Klonopin, Atarax, and Colace, it was incidentally noted. The applicant did have issues with depression and anxiety. The February 2, 2015 progress note did not, however, state with what specialty a consultation was proposed. Similarly, an RFA form of February 3, 2015 likewise stated that the attending provider was seeking unspecified consultation. This was not elaborated upon. The specialty of the consultant was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: No, the request for a consultation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does indicate that referral may be appropriate when a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery, in this case, however, the attending provider did not identify what particular issue or diagnosis he was uncomfortable with treating or addressing. The attending provider did not state what diagnosis or issues he intended for the consultant to address and what diagnosis or diagnoses he intended to continue addressing himself. The specialty of the consultant was not detailed. Therefore, the request was not medically necessary.