

Case Number:	CM15-0053564		
Date Assigned:	03/27/2015	Date of Injury:	06/22/2013
Decision Date:	06/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker (IW) is a 37-year-old female who sustained an industrial injury on 06/22/2013. She reported neck pain, headache, and pain in the right shoulder. The injured worker was diagnosed as having cervical spine strain; right shoulder strain; and thoracic spine strain. Treatment to date has included Naprosyn 550 mg by mouth twice a day for pain or inflammation, and omeprazole 20 mg as needed daily. She has seen an orthopedic surgeon, and an occupational medicine physician. Her treatment plan includes physical therapy, an injection to the shoulder (which she says did not help), and MRI scans of the cervical, lumbosacral and the thoracic spine. The clinical impression is of persistent symptomatic right shoulder impingement syndrome. Currently, the injured worker complains of right shoulder pain aggravated by heavy lifting, reaching and pushing activities. On 03/06/2015 the Utilization Review agency non-certified a request for a consult with an orthopedist, cervical/thoracic/lumbar spine citing CA MTUS: The American College of Occupational and Environmental Medicine (ACOEM) Second Edition, 2004, page 127. The UR agency also non-certified an unspecified treatment with an Orthopedist, cervical/thoracic/lumbar, stating the recent records held no diagnostic studies suggestive of complex pathology or a surgical lesion that would support referral to an orthopedic surgeon for the cervical, lumbar and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with an Orthopedist for the Cervical/Thoracic/Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Occupational and Environmental Medicine (ACOEM) Second Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Early Intervention, Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted (e) Inadequate employer support (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. The provider reported did not document lack of pain and functional improvement that require referral an evaluation with an orthopedist specialist. The requesting physician did not provide a documentation supporting the medical necessity for orthopedic consultation. The documentation did not include the reasons, the specific goals and end for using the expertise of a specialist for the patient spine condition. Therefore, the request for Consult with an orthopedist, cervical/thoracic/lumbar spine is not medically necessary.

Treatment with an Orthopedist for the Cervical/Thoracic/Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.