

Case Number:	CM15-0058358		
Date Assigned:	04/03/2015	Date of Injury:	12/13/2012
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 59 year old female, who sustained an industrial injury on December 13, 2012. She has reported neck and shoulder pain. Diagnoses have included adhesive capsulitis of the left shoulder, cervical spine strain/sprain, myofascial pain syndrome, and lumbosacral strain/sprain. Treatment to date has included medications, chiropractic care, and imaging studies. A progress note dated February 23, 2015 indicates a chief complaint of neck pain radiating to the shoulder. The treating physician documented a plan of care that included an orthopedic spine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic spine consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Orthopedic spine consultation is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient what conservative treatment plan the patient has had. It is unclear on what prior therapy or treatments were performed for her spine prior to referring her to an orthopedic physician. The documentation does not reveal any red flag findings. For these reasons the request for an orthopedic spine consultation is not medically necessary.