

Case Number:	CM15-0087842		
Date Assigned:	05/12/2015	Date of Injury:	04/08/2009
Decision Date:	06/16/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/07/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on April 8, 2009, incurring neck and back injuries. She was diagnosed with facet and joint degenerative joint disease, cervical sprain and lumbar sprain. Treatment included physical therapy, pain medications, topical analgesic cream, acupuncture, cervical fusion and surgical interventions. She underwent surgical hardware removal with explorative surgery in April, 2012. Currently, the injured worker complained of increased muscle cramps in her back radiating down into the bilateral upper extremities. The pain was worse when laying down and heavy lifting. She also complained of pain, cramps and numbness down into the lower extremities radiating. The treatment plan that was requested for authorization included ongoing orthopedic follow up visits for orthopedic complaints and a medical panel diagnostic test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing orthopedic follow up visits for orthopedic complaints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines (ODG), Pain Chapter - Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92.

Decision rationale: Ongoing orthopedic follow up visits for orthopedic complaints is not medically necessary. Per Ca MTUS ACOEM guidelines page 92 referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan. Page 127 of the same guidelines states, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant's last visit did not indicate any of the above issues; therefore, the requested service is not medically necessary.

Medical panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Extremity Complaints: Pre-operative Testing.

Decision rationale: Medical Panel is not medically necessary. The claimant is not a candidate for additional surgery. It is medically necessary to perform these labs and obtain medical clearance prior to the surgery. ODG states that preoperative testing (e.g, chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Given surgery is not at question, the requested services are not medically necessary.