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| Case Number: | CM14-0145057 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 04/22/2014 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who reported an injury on 04/22/2014. The mechanism of injury was not submitted for clinical review. Diagnoses included lumbar spine, muscle spasms, lumbago, neck sprain, and shoulder sprain. Previous treatments included physical therapy, medication, chiropractic visits, TENS unit, physical therapy, and interferential unit. The diagnostic testing included an MRI. Within the clinical note dated 07/15/2014, it was reported the injured worker complained of constant, moderate, dull, aching, sharp neck pain aggravated by looking up or down. The injured worker complained of constant mild and moderate low back pain. The injured worker complained of right shoulder pain. Upon the physical exam, the provider noted the injured worker had tenderness to palpation of the cervical paravertebral muscles. There were muscle spasms of the cervical paravertebral muscles. The lumbar range of motion was noted to be flexion of 50 degrees and extension at 25 degrees. It was noted the injured worker had muscle spasms of the lumbar paravertebral muscles, along with tenderness to palpation. The injured worker had a positive bilateral straight leg raise. The request submitted is for an orthopedic consultation and treatment. However, the rationale was not submitted for clinical review. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation and Treatment: 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 Independent Medical Examinations and Consultations regarding Referrals

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), updated guidelines, Chapter 6, page 163.

Decision rationale: The injured worker is a 47-year-old female who reported an injury on 04/22/2014. The mechanism of injury was not submitted for clinical review. Diagnoses included lumbar spine, muscle spasms, lumbago, neck sprain, and shoulder sprain. Previous treatments included physical therapy, medication, chiropractic visits, TENS unit, physical therapy, and interferential unit. The diagnostic testing included an MRI. Within the clinical note dated 07/15/2014, it was reported the injured worker complained of constant, moderate, dull, aching, sharp neck pain aggravated by looking up or down. The injured worker complained of constant mild and moderate low back pain. The injured worker complained of right shoulder pain. Upon the physical exam, the provider noted the injured worker had tenderness to palpation of the cervical paravertebral muscles. There were muscle spasms of the cervical paravertebral muscles. The lumbar range of motion was noted to be flexion of 50 degrees and extension at 25 degrees. It was noted the injured worker had muscle spasms of the lumbar paravertebral muscles, along with tenderness to palpation. The injured worker had a positive bilateral straight leg raise. The request submitted is for an orthopedic consultation and treatment. However, the rationale was not submitted for clinical review. The Request for Authorization was not submitted.