

Case Number:	CM14-0165926		
Date Assigned:	10/13/2014	Date of Injury:	05/31/2012
Decision Date:	11/12/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/08/2014

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 ABIM and is licensed to practice in California. 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 (IW) is a 41-year-old man who was reportedly struck in the head by a cement bucket on May 31, 2012. The IW reportedly lost consciousness; however, there are no hospital records. The IW underwent an MRI of the cervical spine on July 10, 2012, which demonstrated mild degenerative changes at C4-5 and C5-6. The IW underwent a CT of the head with and without contrast on July 20, 2012, which was negative. He had an MRI of the thoracic spine on January 31, 2013 which reportedly demonstrated a 2-3 mm disc bulge at T2-3 that caused mild compression of the anterior aspect of the dural sac. All other levels were stated to be completely normal. The IW underwent EMG/NCV of the bilateral upper extremities on February 14, 2013, which demonstrated mild right median nerve entrapment at the level of the wrist. A repeat MRI of the cervical spine was performed January 2013; however, the report is not available for review. It reportedly failed to demonstrate evidence of nerve root compromise or compression. The IW has received an undetermined number of chiropractic visits, an undetermined amount of physical therapy visits, and an undetermined amount of acupuncture visits, as well as a series of medications and activity modifications/work restrictions limitations. An occupational medicine specialist, an orthopedic surgeon, a pain management specialist, and a physiatrist have evaluated the IW. Pursuant to the progress note dated June 9, 2014, the current diagnoses are: closed head injury with possible neurologic issues or psychiatric issues, chronic musculoligamentous cervical spine sprain and strain associated with right upper extremity radiculitis, chronic musculoligamentous thoracic spine sprain and strain associated with multiple level spondylosis, and tobacco use. The recommendation moving forward is to continue physical therapy for the cervical spine and the thoracic spine twice per week for six weeks. He was provided with a new prescription for Norco 7.5/325mg and will continue to take Restoril for his abnormal sleep pattern.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational medicine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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), 2nd Edition, (2004), Independent Medical Examinations and Consultations, Chapter 7, page 127, and on the Non-MTUS Official Disability Guidelines (ODG), Office Visit Section

Decision rationale: Pursuant to the ACOEM guidelines and the Official Disability Guidelines, the occupational medicine specialist referral is not medically necessary. The ACOEM guidelines state a health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial issues are present, or when the plan of care or course of care may benefit from additional expertise. The Official Disability Guidelines state office visits are recommended as determined to be medically necessary. Outpatient visits to physician offices play a critical role in the proper diagnosis and return the function of an injured worker, and it should be in current. The need for clinical visit with a healthcare provider is individualized based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker was already seen and evaluated by an occupational medicine specialist, an orthopedic surgeon, a pain management specialist, and a physiatrist. The injured worker has received multiple specialty consultations and has received extensive conservative treatment including chiropractic, physical therapy, acupuncture, medications and activity modifications. The work-up to date has concluded the injured worker is not a candidate for any interventional pain procedures. There is nothing in the medical record to suggest what the treating physician would expect to gain from an additional occupational medicine consult which was not already investigated by the previous specialty consultations performed. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines (ACOEM and ODG), the occupational specialty consultations is not medically necessary.