

Case Number:	CM14-0213732		
Date Assigned:	12/31/2014	Date of Injury:	02/11/1999
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of February 11, 1999. In a Utilization Review Report dated December 10, 2014, the claims administrator denied a referral to dentist, gastroenterologist, cardiologist, and neurologist. A progress note dated November 26, 2014 was referenced. The claims administrator invoked non-MTUS ODG Guidelines to deny the dentist referral. The claims administrator did acknowledge that the applicant had had prior knee surgery, prior hip surgery, and a gastric bypass. The applicant was reportedly using Coumadin, OxyContin, and oxycodone, it was acknowledged. On September 29, 2014, the applicant reported persistent complaints of neck and low back pain, 4-6/10 with medications versus 9-10/10 without medications. The applicant was using MS Contin, oxycodone, and Coumadin, it was acknowledged. The applicant had had bilateral knee surgery, left hip surgery, and a gastric bypass surgery. The applicant's BMI was 32. The applicant was described as "retired" from work at age 61. In a July 13, 2014 progress note, the applicant again reported ongoing complaints of chronic low back pain with ancillary complaints of depression and anxiety. The applicant received a number of cervical facet blocks in late 2014 alone. The remainder of the file was surveyed on several occasions. The November 26, 2014 progress note in which the articles at issue were requested was not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to dentist: 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) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that referral may be appropriate if a practitioner is uncomfortable treating a particular cause of delayed recovery, in this case, however, it was not clearly stated or clearly established for what purpose the dentist referral was being sought. The provided progress notes contained no references to dental issues which would have compelled the dentist referral at issue. The November 26, 2014 progress note in which the articles in question were sought was not incorporated into the Independent Medical Review packet. The information which was/is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

One referral to a Gastroenterologist: 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) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery, here, the attending provider did not clearly outline for what purpose the gastroenterology consultation was intended. It was not clearly stated what gastrointestinal issues the primary treating provider was uncomfortable treating and/or addressing. Again, the November 26, 2014 progress note in which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which is on file, furthermore, failed to support or substantiate the request. Therefore, the request is not medically necessary.

One referral to a Cardiologist: 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) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery, in this case, however, the attending provider did not clearly indicate what issue or issues he intended for the cardiologist to address. The attending provider did not clearly state what cardiac issues he was uncomfortable addressing. Again, the November 26, 2014 progress note in which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which was/is on file, moreover, failed to support or substantiate the request. Therefore, the request was not medically necessary.

One referral to a neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, in this case, however, it is not clearly outlined what neurologic issue or issues the attending provider was uncomfortable treating or addressing himself. Again, the November 26, 2014 progress note in which the article in question was requested was not incorporated into the Independent Medical Review packet. The information which was/is on file, moreover, failed to support or substantiate the request. Therefore, the request was not medically necessary.