

Case Number:	CM15-0111014		
Date Assigned:	06/17/2015	Date of Injury:	06/06/2014
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on 6/6/14. The injured worker has complaints of low back pain radiating to the bilateral lower extremities; bilateral hip pain; bilateral ankle/foot pain and bilateral wrist/hand pain. The documentation noted lumbar spine inspection reveals slight increase in the normal lumbar lordotic curvature, tenderness to palpation present over the paraspinal musculature, bilaterally with spasm in the right sacroiliac joint and straight leg raising test produces radiating pain to the bilateral knees. The bilateral ankles/feet noted tenderness to palpation present over the lateral joint complexes. The diagnoses have included lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis and status post right ankle surgery and left ankle sprain. Treatment to date has included Norco; Voltaren; physical therapy; magnetic resonance imaging (MRI) of the lumbar spine was reportedly abnormal; injections; lumbar spine X-rays on 5/18/15 were within normal limits and right ankle X-rays on 5/18/15 demonstrated a suture anchor in place and plantar spur. The request was for internal medical consult; neurology consult and psychiatry consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medical consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with lower back pain radiating into the bilateral lower extremities, bilateral hip, ankle, foot, wrist and hand pain with headaches, GI complaints and emotional complaints. The current request is for internal medical consult. The treating physician report dated 5/18/15 (98b) states, "Authorization is requested for consultations in internal medicine for the patient's gastrointestinal complaints, neurology for her headaches, and psychiatry for her stress and anxiety." The ACOEM guidelines on page 127 state that specialty referral is indicated 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. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise to evaluate the patient's nausea, diarrhea and constipation is required. The current request is medically necessary.

Neurology consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with lower back pain radiating into the bilateral lower extremities, bilateral hip, ankle, foot, wrist and hand pain with headaches, GI complaints and emotional complaints. The current request is for Neurology consult. The treating physician report dated 5/18/15 (98b) states, "Authorization is requested for consultations in internal medicine for the patient's gastrointestinal complaints, neurology for her headaches, and psychiatry for her stress and anxiety." The ACOEM guidelines on page 127 state that specialty referral is indicated 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. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise to evaluate the patient's headaches is required. The current request is medically necessary.

Psychiatry consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with lower back pain radiating into the bilateral lower extremities, bilateral hip, ankle, foot, wrist and hand pain with headaches, GI complaints and emotional complaints. The current request is for Psychiatry consult. The treating physician report dated 5/18/15 (98b) states, "Authorization is requested for consultations in internal medicine for the patient's gastrointestinal complaints, neurology for her headaches, and psychiatry for her stress and anxiety." The ACOEM guidelines on page 127 state that specialty referral is indicated 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. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise to evaluate the patient's emotional complaints of stress and nervousness is required. The current request is medically necessary.