

Case Number:	CM15-0112272		
Date Assigned:	06/18/2015	Date of Injury:	12/17/1999
Decision Date:	08/14/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/10/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 60 year old female with an industrial injury dated 12/17/1999. Her diagnoses included pain in joint, shoulder region and reflex sympathetic dystrophy upper limb. She presents on 05/28/2015 for follow up with no significant changes in left shoulder or arm pain. Medications are keeping the pain at a tolerable level. Sleep quality is described as "terrible" due to left shoulder throbbing pain. She rates her average pain since last visit as 7/10. Physical exam noted decreased range of motion of the left shoulder. There was still pain down her left arm but was decreased after cervical steroid injection. Diagnostic test results (documented by provider) included MRI of cervical spine dated 01/08/2014 showed a 3.0 central/left paracentral disc protrusion with discogenic osteophyte disc bulge complex noted at cervical 5-6 resulting in mild central canal and left neural foraminal stenosis. MR arthrogram of left shoulder dated 10/01/d no evidence of full thickness rotator cuff tear. Treatment request is for one (1) office/outpatient visit; consult with an orthopedic surgeon related to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) office/outpatient visit; consult with an orthopedic surgeon related to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit.

Decision rationale: ODG states concerning office visits “Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible.” ACOEM additionally states concerning low back complaints: "Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas." The medical documentation provided do not indicate subjective complaints or objective findings related to the lumbar spine. The treating physician does not detail the rationale or provide additional information for the requested evaluation. The treatment notes do not detail what medications and symptoms are to be evaluated and treated. As such, the request for One (1) office/outpatient visit; consult with an orthopedic surgeon related to the lumbar spine is not medically necessary.