

<b>Case Number:</b>	CM15-0116547		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 44 year old female who sustained a work related injury May 14, 2012. Past history included chronic lumbalgia, lumbosacral sprain, strain; degenerative disc disease, degenerative facet disease at L4-5, L5-S1 and regional gluteal myofascial pain. According to a primary treating psychologist's progress report, dated April 27, 2015, the injured worker presented for a follow-up appointment. She continues to show improvement over the last several weeks. She is not tearful and she reports she can utilize cognitive and behavioral interventions provided in treatment. She is struggling with depression and anxiety, secondary to her pain and continues to have problems with sleeping, fatigue, and lethargy. She is continuing with treatment for pain management, headaches and gastrointestinal complaints, and has not had orthopedic treatment in a year. Diagnoses are major depressive disorder moderate, with anxiety; chronic pain physical impairment, improved. At issue is the request for authorization for an orthopedic evaluation and treatment and a rheumatology evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic evaluation and treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent medical examinations and consultations regarding referrals, chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit form additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing orthopedic pain despite conservative therapy. The referral for a orthopedic specialist would thus be medically necessary and approved.

**Rheumatology evaluation and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent medical examinations and consultations regarding referrals, chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit form additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient does have continued and ongoing pain but documentation does not support a rheumatologic etiology Therefore the request is not medically necessary.