

Case Number:	CM15-0117393		
Date Assigned:	06/25/2015	Date of Injury:	05/08/2012
Decision Date:	07/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old male, who sustained an industrial injury on 5/08/2012. He reported developing pain in the low back, neck, heels and right knee from cumulative trauma and repetitive pulling/pushing/lifting activities. Diagnoses include lumbar sprain/strain, psychogenic pain, thoracic strain/sprain, depressions and shoulder joint pain. He is status post left shoulder surgery. Treatments to date include modified activity, physical therapy, chiropractic therapy, therapeutic joint injections, and he completed a functional restoration program. Currently, he complained of ongoing low back and shoulder pain. He reported 50-60% reduction of depression symptoms with use of sertraline. Pain was rated 7/10 VAS. On 5/7/15, the physical examination documented independent ambulation with an antalgic gait. The plan of care included a request to authorize a consultation and six follow up appointments with a rheumatologist to treat ankylosing spondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatologist consultation with 6 follow-up appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits and Other Medical Treatment Guidelines x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for Rheumatologist consultation with 6 follow-up appointments, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ODG cites that 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. 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. Within the documentation available for review, it appears the patient may need consultation with a rheumatologist. However, it is unclear exactly how many follow-up visits would be needed, what the rheumatologist treatment recommendations would be, and how frequently the patient would need to be seen after the initial consultation. Unfortunately, there is no provision to modify the current request. As such, the currently requested Rheumatologist consultation with 6 follow-up appointments are not medically necessary.