

Case Number:	CM15-0120501		
Date Assigned:	07/01/2015	Date of Injury:	03/05/2012
Decision Date:	07/30/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 30 year old female who sustained an industrial injury on March 5, 2012. She has reported pain in the lower back and has been diagnosed with work related severe axial back pain, left leg sciatica and radiculopathy with severe degeneration at L4-L5 and grade I spondylolisthesis and disc collapse, and moderated discogenic disease at L3-L4. Treatment has included medications, medical imaging, a home exercise program, and physical therapy. Examination of the lumbar spine revealed decreased range of motion in all planes. There was tenderness over the mid line and paraspinal musculature. Kemp's sign was positive bilaterally. Straight leg raise test was positive on the left at 60 degrees to posterior thigh and positive on the right at 50 degrees to the posterior thigh. The treatment request (dated 4/21/15) included follow up with a rheumatologist as the patient could not take NSAIDs. A rheumatologist report dated 4/2/15 states that the patient has a diagnosis of rheumatoid arthritis, degenerative joint disease, Fibromyalgia and a positive Schober's test. The rheumatologist recommended NSAIDs for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with rheumatologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- office visits.

Decision rationale: Follow up with rheumatologist is medically necessary per the documentation submitted and the medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states 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 documentation indicates that the patient has several conditions that could be appropriately managed by a rheumatologist including Rheumatoid arthritis. The patient is unable to tolerate NSAIDs. It is medically reasonable for a rheumatology follow up to evaluate other possible treatment options therefore this request is medically necessary.