

Case Number:	CM15-0171468		
Date Assigned:	09/11/2015	Date of Injury:	08/16/1997
Decision Date:	10/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/31/2015

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 64 year old female, who sustained an industrial injury on 8-16-97. The injured worker has complaints of back pain, right shoulder pain, bilateral hip pain and left knee pain. The documentation noted on 5-7-15 the injured worker states radiating pain, numbness, tingling in the right lower extremity. The lumbar spine has tenderness to palpation and pain with flexion and extension. The documentation noted on 7-2-15 the injured worker states she can be walking and her right leg will go limp and numb and frequently gets numbness and tingling across bilateral legs. The diagnoses have included pain in joint pelvis and thigh; pain in joint lower leg; lumbago and knee joint replacement. Treatment to date has included three back surgeries last one in 2007; total left knee replacement in 2008; vicodin; hydroxyzine; nexium; trazadone; ibuprofen; cymbalta and norco. The original utilization review (8-27-15) partially approved a request for spine specialist evaluation and treatment and psychiatric evaluation. The request for treatment and mattress purchase was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Specialist Evaluation and Treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s):
General Approach to Initial Assessment and Documentation, 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 from 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 back pain despite conservative therapy. Therefore consult with an spine specialist is medically warranted and the request is medically necessary.

Psychiatric Evaluation and Treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s):
General Approach to Initial Assessment and Documentation, 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 from 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 psychiatric complaints outside the scope of practice of the primary treating physician. Therefore psychiatric consult is medically necessary.

Mattress Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Therefore criteria have not been met per the ODG and the request is not medically necessary.

