

Case Number:	CM15-0178369		
Date Assigned:	09/29/2015	Date of Injury:	10/30/2013
Decision Date:	12/01/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on 10-30-2013 related to a motor vehicle accident. The injured worker is being treated for cervical degenerative disc disease, lumbar degenerative disc disease, right facial trauma, right orbital trauma, right hand trauma, right knee arthralgia, right ankle arthralgia, right shoulder arthralgia, poly trauma and depression. Treatment to date has included multiple surgical interventions, 24+ sessions of physical therapy, diagnostics, injections, 8 sessions of acupuncture, and medications including NSAIDs. Per the most recent Orthopedic Consultation dated 7-30-2015 the injured worker (IW) reported right shoulder, right hand, right knee and right ankle pain. She rated her right shoulder and right hand as 5 out of 10 in severity and right knee and ankle pain as 6 out of 10. Objective findings included tenderness to palpation of the right shoulder, right wrist, and right knee along the medial joint line. Per the Pain Management Follow-up Report dated 6-29-2015 the IW reported right foot, right ankle, right knee right shoulder and right hand pain. She rated her pain as 4 out of 10 on a good day and 9 out of 10 on a bad day. Vital signs are recorded and no physical examination is documented on this date. Work status was modified. The plan of care included, and authorization was requested on 6-29-2015, for follow-up in six weeks, orthopedic consultation, neurological consultation, ongoing dental follow-ups, ongoing cosmetic follow-ups, ongoing pain psychology follow-ups, and x-rays of the cervical and lumbar spine (DOS 6-29-2015). On 8-11-2015, Utilization Review non-certified the request for cervical and lumbar x-rays (DOS 6-29-2015), and modified the request for orthopedic consultation, neurological consultation, unlimited cosmetic follow-ups, unlimited dental follow-ups, and unlimited pain psychology follow-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately, a review of the injured workers medical records that are available did not reveal a clear rationale for this referral, therefore the request for orthopedic consultation is not medically necessary.

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. A review of the injured workers medical records reveal a history of chronic pain and delayed recovery, pain management consultation is appropriate and medically necessary in this injured worker.

Neurological consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately, a review of the injured workers medical records did not reveal a clear rationale for this referral, therefore the request for neurological consultation is not medically necessary.

On-going dental follow-ups: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately, a review of the injured workers medical records that are available did not reveal a clear rationale for this referral, therefore the request for on-going dental follow-ups is not medically necessary.

On-going cosmetic follow-ups: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately, a review of the injured workers medical records that are available did not reveal a clear rationale for this referral, therefore the request for on-going cosmetic follow-ups is not medically necessary.

Ongoing pain psychology follow-ups: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately, a review of the injured workers medical records that are available did not reveal a clear rationale for this referral, therefore the request for on-going pain psychology follow-ups is not medically necessary.

Retro X-ray of the cervical spine, DOS: 6/29/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS / ACOEM: for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure. A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for X-Rays of The Cervical Spine is not medically necessary.

Retro X-ray of the lumbar spine, DOS: 6/29/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been no emergence of any red flags that would warrant imaging, there was also no documentation of surgical considerations and therefore based on the injured workers clinical presentation and the guidelines the request for X-ray Lumbar Spine is not medically necessary at this time.