

Case Number:	CM15-0067955		
Date Assigned:	04/15/2015	Date of Injury:	04/12/2010
Decision Date:	05/27/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/09/2015

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: Internal 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 45 year old male who sustained an industrial injury 4/12/2010. His diagnoses, and/or impressions, included neuropathic right groin pain; status-post right hip repair and left hernia repair. No current magnetic resonance imaging studies are noted. His treatments have included medication management. Progress notes of 3/13/2015 reported continued radiating right groin pain into the lower abdomen, unchanged, and with increased allodynia to touch that is un-helped by Topamax, neuropathic pain cream, or any combination of medications tried; although Motrin did provide some relief. He also reported feeling very frustrated that he is not better and back to work. The physician's requests for treatments were noted to include a consultation for possible placement of a stimulator, as Topamax and the neuropathic pain cream were discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for possible stimulator placement, right hip/groin and lower abdomen:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127. Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75), states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127), states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists 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 consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Official Disability Guidelines (ODG) indicates that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The primary treating physician's progress report dated 3/13/15, documented that the patient still has pain in the right groin and will radiate into the lower abdomen. The pain is unchanged and stabbing in character. Even touch causes increased allodynia. He tried Topamax but it did not help the pain. He has been tried on multiple oral medications and none of the medications have helped his pain. He has tried creams without relief. He did have some relief with Motrin. He is very frustrated that he is not better and back to work. He has increased pain with internal and external rotation of the right hip. His strength is 4/5 at the right hip. He ambulates with antalgic gait. Diagnoses were neuropathic right groin pain, status post right hernia repair and status post left hernia repair. A specialty consultation for possible stimulator placement was requested. The medical records indicate that the patient would benefit from the expertise of a specialist. The request for specialty referral and consultation is supported by MTUS, ACOEM, and ODG Guidelines. Therefore, the request for a specialty consultation is medically necessary.