

Case Number:	CM15-0069323		
Date Assigned:	04/22/2015	Date of Injury:	08/31/2007
Decision Date:	05/20/2015	UR Denial Date:	03/22/2015
Priority:	Standard	Application Received:	04/13/2015

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, California

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 54-year-old female with an industrial injury dated August 31, 2007. The injured worker diagnoses include chronic residual neck pain, status post cervical spine reconstruction surgery 2013, chronic residual low back pain, status post lumbar reconstruction surgery 2013 and bilateral lower extremities pain and paresthesias. She has been treated with prescribed medications, soft cervical collar, lumbar brace and periodic follow up visits. According to the progress note dated 3/12/2015, the injured worker reported ongoing longstanding neck and low back pain. Objective findings revealed tenderness to palpitation of cervical spine upon removal of her soft collar and tenderness to palpitation of the bilateral lumbar paraspinal muscles upon removal of lumbar brace. Range of motion was significantly restricted in the cervical and lumbar spine. The treatment plan included medication management and referral. The treating physician prescribed orthopedic surgeon referral to [REDACTED] regarding shoulder pain, per injured worker's request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgeon referral to [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain chapter pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant was noted to have persistent shoulder pain on a note on 3/12/15 but a shoulder exam was not provided to assess the problem. The referral was made based on a claimant request. There was no indication for a need for surgery and the request for Orthopedic consultation is not medically necessary.