

Case Number:	CM15-0078156		
Date Assigned:	04/29/2015	Date of Injury:	03/01/2012
Decision Date:	05/28/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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 25-year-old female, who sustained an industrial injury on 3/01/2012. Diagnoses include cervicalgia, lumbago, headaches, migraines, complex regional pain syndrome of the left upper extremity, chronic pain syndrome, opioid dependence, tremors, left shoulder pain, insomnia, and hypersensitivity of the skin. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing, stellate ganglion blocks, physical therapy, medications, acupuncture, bracing, exercise, spinal cord stimulator trial and work modification. Per the Pain Management Evaluation dated 2/04/2015, the injured worker reported continued pain into the left hand, arm, shoulder, and neck with spasms along the site of the incisions. She reported that a couple of days ago she has severe sharp pain going down into the hand with her left hand digits turning blue, real cool and purple. There is some numbness and tingling. Physical examination revealed tenderness to palpation noted along the cervical spine along the incision site as well as over the thoracic spine level at the connector site with spasms along the catheter site, but hypersensitive of the skin of the spine as well as in the left hand as well as on the right hand. There was tenderness to palpation over the left wrist. Left hand is whiter and colder than tie right. There was tenderness to palpation over the cervical paraspinal muscles, upper trapezius muscles, scapular border and lumbar paraspinal muscles. Spurling's test was positive. The plan of care included consultations and authorization was requested for neurologist referral for evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a neurologist for evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider 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. The request for referral to a neurologist for evaluation is determined to be medically necessary.

Referral to a neurologist for unspecified treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider 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. Although this referral is made to include treatment by the neurologist, it does not indicate that treatments provided by the neurologist do not have to undergo peer review for medical necessity. The request for referral to a neurologist for unspecified treatment is determined to be medically necessary.