

Case Number:	CM15-0079443		
Date Assigned:	04/30/2015	Date of Injury:	03/15/2013
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/24/2015

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 43 year old male, who sustained an industrial injury on March 15, 2013. He has reported neck pain and back pain. Diagnoses have included cervical and lumbar spine sprain with severe pain, anxiety due to an associated with a physical condition, and depressive disorder. Treatment to date has included medications, acupuncture, physical therapy, transcutaneous electrical nerve stimulator unit, and imaging studies. The claimant had undergone surgery for an ulnar nerve lesion. An EMG performed in 11/2014 by neurology was unremarkable. A progress note dated March 18, 2015 indicates a chief complaint of constant, severe neck pain and upper back pain, and moderate lower back pain. The treating physician documented a plan of care that included referrals for rheumatology and neurology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to rheumatologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter and office guidelines, and page 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 had a diagnosis of ulnar nerve compressions and a failed nerve transposition as well as lumbar sprain. Full recovery was not anticipated by the surgeon for at least 9 months as noted in 11/11/2014. An Occ specialist eval on 3/18/15 indicated the claimant has a somatization disorder but a neurology opinion is recommended to rule out a neurological component. A rheumatologist was requested for possible fibromyalgia evaluation. Based on the prior clinical findings, and surgical expectations as well as somatization disorder, and lack of exam findings indicating multiple trigger points, a diagnosis of fibromyalgia is not complex such it would necessitate a rheumatologist.

Referral to neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter and office guidelines, and page 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 had a diagnosis of ulnar nerve compressions and a failed nerve transposition as well as lumbar sprain. Full recovery was not anticipated by the

surgeon for at least 9 months as noted in 11/11/2014. An Occ specialist eval on 3/18/15 indicated the claimant has a somatization disorder but a neurology opinion is recommended to rule out a neurological component. Based on the prior clinical findings, and surgical expectations as well as somatization disorder, a neurologist is not medically necessary.