

Case Number:	CM15-0091572		
Date Assigned:	05/15/2015	Date of Injury:	01/27/2010
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/12/2015

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 48-year-old female, who sustained an industrial injury on 1/27/2010. She reported cumulative injuries including the knee and low back during normal work duties. There was also documentation of associated chronic jaw and facial pain, chronic headache pain, popping of the jaw and insomnia. Diagnoses include cervical spine disc bulge, thoracic spine strain, lumbar disc bulge, bilateral elbow strain, bilateral knee strain and bilateral ankle strain. Treatments to date include anti-inflammatory and physical therapy. Currently, she complained of ongoing pain in the neck, upper and lower back, bilateral knee and bilateral elbows. On 4/21/15, the physical examination documented no acute findings. The plan of care included a request for authorization for an initial orthopedist consultation, follow up visit with pain medicine, one initial ENT consultation and one anti-incontinence surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Anti-incontinence surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association (AUA) <https://www.auanet.org/common/pdf/education/clinical-guidance/Incontinence.pdf>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address the surgical management of urinary incontinence. American Urological Association (AUA) Guideline for the Surgical Management of Female Stress Urinary Incontinence (2009) indicates that the patient should be counseled regarding the surgical and nonsurgical options including both benefits and risks. Choice of the procedure should be made as a collaborative effort between the surgeon and patient and should consider both patient preferences and the surgeon's experience and judgment. There is no record of the patient consulting a urologist recently. The primary treating physician's progress report dated 4/21/15 documented a request for anti-incontinence surgery. On the 4/21/15 questionnaire, the patient noted loss of bladder control. The 4/21/15 progress report does not document a urologic diagnosis. Neurology consultation reports were in the submitted medical records. The specific procedures involved in the request anti-incontinence surgery were not documented. The medical necessity of anti-incontinence surgery was not established in the 4/21/15 progress report. There is no record of the patient consulting a urologist recently. Therefore, the request for anti-incontinence surgery is not medically necessary.

1 Orthopedic initial consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation 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, and 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 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. Medical records document a history of strain and sprain cervical spine, strain and sprain, lumbar spine, bulging disc at L5-S1, strain and sprain bilateral knees, strain and sprain bilateral ankles, plantar fasciitis bilateral heels. The primary treating physician's report by D.C. doctor of chiropractic dated 4/21/15 documented positive findings on lumbar spine and cervical spine magnetic resonance imaging. The patient had subjective complaints of neck, back, and limb pain. Physical examination findings were noted. Orthopedic (M.D.) consultation was requested. The patient's primary treating provider is a D.C. doctor of chiropractic. The patient would benefit from the expertise and capabilities of an orthopedic surgeon for evaluation and treatment. The request for orthopedic consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for orthopedic consultation is medically necessary.

1 Pain medicine follow up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado department of labor.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation 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, and 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 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. Medical records document a history of strain and sprain cervical spine, strain and sprain, lumbar spine, bulging disc at L5-S1, strain and sprain bilateral knees, strain and sprain bilateral ankles, plantar fasciitis bilateral heels. The primary treating physician's report by D.C. doctor of chiropractic dated 4/21/15 documented positive findings on lumbar spine and cervical spine magnetic

resonance imaging. The patient had subjective complaints of neck, back, and limb pain. Physical examination findings were noted. Pain medicine M.D. follow-up office visit was requested. The patient's primary treating provider is a D.C. doctor of chiropractic. The patient would benefit from the expertise and capabilities of a pain medicine M.D. for evaluation and treatment. The request for a pain medicine M.D. follow-up office visit is supported by MTUS and ACOEM guidelines. Therefore, the request for pain medicine M.D. follow-up office visit is medically necessary.

1 ENT initial consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Preventive Services Task Force Screening for hearing loss in older adults.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75.

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. The primary treating physician's report dated 4/21/15 documented a request for an ENT consultation. No subjective complaints of ENT problems were documented. No abnormal ENT physical examination findings were documented. No ENT diagnoses were documented. No discussion supporting the ENT referral request was presented. The medical necessity of an ENT consultation was not established in the 4/21/15 progress report. Therefore, the request for an ENT consultation is not medically necessary.