MAXIMUS Federal Services

Case Number:	CM15-0097952		
Date Assigned:	05/29/2015	Date of Injury:	06/23/2012
Decision Date:	07/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/20/2015

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 51 year old male, who sustained an industrial injury on 6/23/12. The injured worker was diagnosed as having myositis myalgia, lumbar radiculopathy left greater than right, history of lumbar surgery in 2002, status post lumbar spinal fusion in 2014, and back spasms. Treatment to date has included home exercise, heat application, and medications such as Norco and Oxycodone. A physician's report dated 4/16/15 noted the injured worker has an infection in his spine that appears to be underlying his pain. Currently, the injured worker complains of low back pain radiating to the left testicle. The treating physician requested authorization for a consultation with an infectious disease specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with infectious disease specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: Based on MTUS guidelines, when assessing red flags, physical examination evidence of spetic arthritis, neurolgoic compromise, cardiac disease, or intra-abdominal pathology that correlated with the medical history and test results may indicate need for immediate consultation. The consultations may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. In this case, the patient has a new finding on CT scan, a fluid collection. He was appropriately referred to an internal medicine physician for consultation and the recommendation was to see an infectious disease specialist to verify if this is of infectious etiology. Although the diagnosis at this time is still unclear, it is appropriate to refer to an infectious disease specialist to further reinforce or reduce suspicion of infection. Therefore, based on MTUS guidelines and the evidence in this case, the request for an infectious disease consult is medically necessary.