

Case Number:	CM13-0005550		
Date Assigned:	12/27/2013	Date of Injury:	10/04/2010
Decision Date:	03/17/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 71-year-old that reported a work injury on 10/04/2010. The mechanism of injury was a fall. The patient complains of pain to here cervical, thoracic and lumbar area. The clinical report dated 11/03/2010 the patient was given a diagnosis of back pain and unspecified fall. The clinical noted dated 12/11/2012 stated that the patient continued to complain of cervical, thoracic and lumbar pain. The clinical note dated 05/13/2013 stated that the patient was taking Norco and Xanax. The clinical note state that there is a history of physical therapy and that the patient back exam was deferred to lumbar evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar spine consultation only: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: The request for the lumbar Spine consultation is certified. The patient has a documented low back pain in clinical notes dated 11/03/2010, 12/11/2012, and 05/12/2013. The Low Back Complaints Chapter of the ACOEM Practice Guidelines state that consultations are

recommended for patients who are surgical candidates. The patient has had documented complaints of low back pain and positive MRI findings that has been unresponsive to conservative care. The request for one lumbar spine consultation only is not medically necessary or appropriate.