

Case Number:	CM13-0010902		
Date Assigned:	11/06/2013	Date of Injury:	09/30/2011
Decision Date:	01/27/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/14/2013

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 Orthopedic Surgery, and is licensed to practice in California, New Jersey, and Pennsylvania. 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 60-year-old gentleman who was injured in a work related accident on 9/30/11. He saw [REDACTED] on 06/27/13; the doctor noted that the claimant's subjective complaints were of neck and low back pain with radiation into the upper and lower extremities. Objectively, there was noted to be diminished motor strength to the lower extremity in a 4/5 fashion to the right tibialis anterior, EHL, plantar and dorsiflexion. It was also noted that there was diminished dermatomal sensation in the right C7-C8 and right L4 through S1 dermatomal distribution. The claimant was diagnosed with multilevel herniated discs to the lumbar spine, lumbar radiculopathy, chronic neck pain, and a history of respiratory failure "induced by Methadone". Treatment plan at that time was for chiropractic care and physical therapy for the recent lumbar decompression and microdiscectomy at the L4-5 level. He also recommended a follow-up with [REDACTED] for pain management, and gave referrals for neurology, pulmonary, cardiac, and psychiatric assessments. [REDACTED] notes state that the pulmonary consultation is to evaluate the patient's respiratory depression, which may be induced by his current medication use. A physical examination to the chest was not performed at that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

pulmonary consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: While the claimant is noted to have "pulmonary depression", there is no documentation of clinical findings related to his pulmonary function, including physical examination, vital signs, or current documented use of medications. While the request is being submitted subjectively, the lack of objective findings would fail to necessitate its need at present.