

Case Number:	CM13-0011773		
Date Assigned:	11/08/2013	Date of Injury:	10/06/2011
Decision Date:	08/19/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 57-year-old female who reported an injury on 10/06/2011. She reportedly experienced pain and numbness to her right thigh over a period of 4 hours while working. She was pulling a large cage loaded with linen. On 07/30/2013 she had complaints of lumbar spine pain and right thigh numbness. Upon examination of the lumbar spine, it was mildly tender throughout the left lumbosacral spine and decreased sensation to pinprick on the anterior thigh. Diagnoses were grade 1 spondylolithesis at L4-5 and L5-S1, and minimally L3-4, and morbid obesity. Prior therapy included medication and injections. The provider requested a medical consult. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the need for a consultation at this time. The included documentation lacked evidence on how a medical consultation would help the provider in an evolving treatment plan for the injured worker. As such, the request is not medically necessary.