

Case Number:	CM13-0020958		
Date Assigned:	11/08/2013	Date of Injury:	05/16/2009
Decision Date:	01/10/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/06/2013

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, and is licensed to practice in New York. 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.

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 55year-old with a date of injury on 5/16/09. She has been under medications for lumbar disc degeneration with bilateral S1 radiculopathies, lower back pain, reflex sympathetic dystrophy and myalgias. She has had multiple ER visits for pain despite percocet, norco, tramadol and medrol use. She has received epidural injections and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A referral for an infectious disease specialist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations regarding Referrals Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: According to the Low Back Complaints chapter of the ACOEM Practice Guidelines, Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or

referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas. While The ACOM discusses the reason for consultation, there is no specific identification. The record indicates a request for identification, but the record of the visit necessitating this consult is not seen. Without this documentation, the consult remains non-certified. The request for a referral for an infectious disease specialist consultation is not medically necessary or appropriate.