

Case Number:	CM13-0022176		
Date Assigned:	11/13/2013	Date of Injury:	08/23/2010
Decision Date:	01/27/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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:

She is a 25-year-old, female who was injured on 08/23/10 with most recent clinical progress report of 09/03/13 with treating physician, [REDACTED]. She was noted at that time to be with continued complaints of low back pain and left hip pain. The pain was rated an 8 out of 10 on a VAS score localized to the left hip and low back with no documentation of radicular findings. Orthopedic evaluation showed lower extremity strength to be 5/5 with negative straight leg raising, sensory changes not noted to the left or right lower extremity, and equal reflexes. Gait was antalgic with continued paraspinal muscle tenderness to palpation and no other significant findings noted. The claimant was diagnosed with 1) chronic pain syndrome, 2) axis II involvement, and 3) femoral acetabular impingement that have been "surgically corrected". Treatment at that time was to continue with behavioral modifications and coping mechanisms. In regards to her low back she is noted to have failed care including facet injections, epidural steroid injections, and therapy. No surgical intervention is noted nor recommended from clinical records reviewed. At present there is an occupational medicine referral for the claimant for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational medicine referral for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7

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), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on California ACOEM Guidelines, clinical referral for occupational medicine referral would not be indicated. At present the claimant is noted to have been with significant course of conservative care in regards to her left hip which has undergone "surgical correction" of impingement as well as low back pain which is with no documentation of prior surgical history. Records indicate she has seen an extensive number of providers and specialists. It would be unclear at present as to what an occupational medicine referral would add which has not already been added to in regards to her diagnosis. The records indicate she has already been noted to be at maximum medical improvement. Referral for occupational medical consultation would not be indicated based on the claimant's current clinical presentation.