

Case Number:	CM13-0024829		
Date Assigned:	11/20/2013	Date of Injury:	01/15/2007
Decision Date:	01/09/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

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:

43 year old feamal with low back pain status post injury 1/15/07. Permanent and stationary report for low back pain and lumbosacral osteoarthritis on 8/27/10 with future medical for flare-up of pain, physical therapy, acupuncture, pain medication and epidural steroid injection. Examination note from 8/26/13 with report of antalgic gait with pain with twisting left hip and tenderness over the iliopsoas and trochanter.

IMR ISSUES, DECISIONS AND RATIONALES

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

General surgeon consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Per the ACOEM Guidelines, 2nd edition, pg. 127: "Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." In this case there is insufficient evidence in the medical record of the industrial injury causally related to a hernia and no physical examination documenting a hernia being present. Therefore the request for a general surgeon is not medically necessary on an industrial basis and is non certified.

