

Case Number:	CM13-0033102		
Date Assigned:	12/20/2013	Date of Injury:	07/02/2013
Decision Date:	04/03/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/09/2013

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 Occupational Medicine 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. 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 applicant has filed a claim for low back, hip, and thigh pain, reportedly associated with an industrial injury on July 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and extensive periods of time off of work. The applicant has apparently been given work restrictions, which the employer is unable to accommodate. In a utilization review report of September 17, 2013, the claims administrator denied a request for an orthopedic consultation. The applicant's attorney subsequently appealed. On September 11, 2013, the applicant presents with persistent low back and left hip pain, 8/10. Spasm, tenderness, and limited range of motion are noted about the low back and hip. It is stated that the applicant was given a rather proscriptive 10-pound lifting limitation, which the employer was apparently unable to accommodate. Various topical compounds, a functional capacity evaluation, a lumbar support, and physical therapy were endorsed. A later note of October 23, 2013 was again notable for comments that the applicant has failed to improve with prior treatment. The applicant was asked to try work hardening and again pursue a functional capacity evaluation. A rather proscriptive 10-pound lifting limitation was again endorsed, which the applicant's employer was apparently unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL CONSULTATION WITH ORTHOPEDIC SURGEON: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule (7/18/09), ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 315.

Decision rationale: The MTUS/ACOEM Guidelines indicate that it is recommended that a primary treating provider "seek consultation" in applicants in whom there are further questions about the diagnosis. In this case, the applicant has seemingly failed to respond favorably to conventional treatment such as time, medications, physical therapy, and work restrictions. Seeking consultation was appropriate, given the applicant's less than favorable response to conservative treatment. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.