

Case Number:	CM13-0038394		
Date Assigned:	12/18/2013	Date of Injury:	08/16/2012
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

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. 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 patient is a 47-year-old gentleman who was injured in a work related accident on 08/16/12. Recent clinical assessment on 09/03/13 by [REDACTED] orthopedic surgeon, documented a diagnosis of lumbar myofascial pain with radiculitis and left lower inguinal hernia. The claimant's physical examination showed positive straight leg raising with hypoesthesias to the right L5 dermatomal distribution. The claimant's chief complaint was low back pain with radiating leg pain. [REDACTED] documented that the claimant has failed care including medication management. There are also prior clinical reports from the treating orthopedic surgeon, [REDACTED] dated 09/01/13, documenting a diagnosis of lumbar radiculitis, bilateral lower extremity pain with examination showing limited range of motion, tenderness to palpation and positive straight leg raising. Additional clinical records indicate that the claimant was also being treated by [REDACTED] with an assessment on 01/30/13 showing a diagnosis of lumbar radiculopathy. At the last clinical assessment, there was a request for a follow up assessment for the claimant's lumbar spine by clinical visit with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATIONS FOLLOW UP APPOINTMENTS LUMBAR SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Office visits

Decision rationale: Based on Official Disability Guidelines criteria, as California MTUS ACOEM Guidelines are silent, a followup assessment with [REDACTED] would not be supported. The records indicate that the claimant is to be treated conservatively for a diagnosis of lumbar radiculopathy for which he has now seen multiple orthopedic providers in the calendar year of 2013. It would be unclear as to what [REDACTED] is adding to the claimant's current clinical treatment picture that has not already been utilized by [REDACTED] or [REDACTED]. Further follow up assessment with [REDACTED], based on the claimant's current clinical presentation, would not be supported.