MAXIMUS Federal Services

Case Number:	CM13-0043093		
Date Assigned:	12/27/2013	Date of Injury:	04/10/2000
Decision Date:	10/29/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 59 year old male who sustained an industrial injury on 4/10/2000. He injured his upper and lower back while lifting a metal plate. A prior peer review on 10/11/2013 non-certified the request for orthopedic consultation for chronic low back injury. There was lack of any information for 2 years regarding medical necessity for consult and treatment request. The request was not deemed medically necessary. The only medical document provided is final orthopedic surgeon consultation report dated 9/30/2011. The report states he has been treating for approximately 8 months and has received care including x-rays, MRIs, and consultation with specialists, physical therapy, medications, injections, and epidural and facet blocks. He complains of occasional aching slight bilateral side neck pain, intermittent dull moderate bilateral low back pain. Physical exam reveals normal examination except for general cervical weakness secondary to pain with slight limitation in lateral bending, general muscle weakness in the lower back secondary to pain with 4/5 strength and decreased ROM with flexion and extension, and scar of an old surgery. Cervical x-rays 1/21/2011 with mildly decreased lordotic curve; thoracic x-rays 1/21/2011 with mild apex right scoliosis 5-10 degrees; lumbar x-rays 1/21/2011 with anterior fusions L3-4 and L4-5. Diagnoses cervical myalgia, cervical radiculitis/neuritis, lumbar degenerative joint disease and degenerative disc disease. The patient has reached MMI. He is provided permanent work restrictions, Ultracet 37.5 #80 prn pain, and future medical care recommendations are provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 79.

Decision rationale: The CA MTUS ACOEM guidelines state, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." The only medical document provided for review, form September 2011, now more than 3 years old. The medical records do not provide a specific reason for an orthopedic consultation. There is no indication of worsening of the patient's complaints and objective findings, failure of conservative management, and no clear indication of a potential surgical lesion. The medical necessity of this request is not established. In the absence of any current or recent medical documentation that supports the request, the medical necessity for an orthopedic consultation has not been established.