MAXIMUS Federal Services

Case Number:	CM13-0044520		
Date Assigned:	12/27/2013	Date of Injury:	12/03/2012
Decision Date:	02/27/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, 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 58-year-old female who reported an injury on 12/03/2012. The mechanism of injury was stated to be the patient was breaking up a fight between students and 1 student grabbed her arm and twisted it. The patient was noted to have tenderness and muscle guarding over the paraspinal musculature, lumbosacral junction, and bilateral sacroiliac joints and sciatic notches. The straight leg raise test in both the seated and supine position elicited increased low back pain without radicular components. The sacroiliac stress test, Yeoman's test, and Gaenslen's test elicited increased pain on the right greater than left sacroiliac joint. The range of motion of the lumbar spine was noted to be severely decreased. Flexion was noted to be 46 degrees, extension 16 degrees, right side bending was 17 degrees, and left side bending was 18 degrees. The patient's diagnoses were noted to include back pain radiating to the buttocks, bilateral hip pain, and aggravation of hypertension and sarcoidosis. The request was made for 1 consult for low back and 1 internal medicine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

One internal medicine consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171. Decision based on Non-MTUS Citation Assessing Red Flags and Indications for Immediate Referral

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89 - 92.

Decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. The clinical documentation submitted for review indicated that the patient had a history of hypertension and sarcoidosis and that the stress of the injury had, per the patient, resulted in aggravation of hypertension and worsening of her lung condition or sarcoidosis. The patient's blood pressure reading on the date of examination was 182/100. While there was lack of documentation of the patient's pulmonary status to indicate the patient had worsening of a lung condition, the request would be supported due to the patient's elevated blood pressure. The request forf one internal medicine consult is medically necessary and appropriate.

One consult only at [redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 296, 305, 330,334,339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 - 306.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines indicate that a surgical consultation is supported for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to provide documentation of the dates of service, efficacy, and duration of the conservative care. Additionally, there was a lack of documentation by way of the MRI or electrodiagnostic studies to indicate the patient had radicular findings. The request for one consult only at [redacted] is not medically necessary or appropriate.