

Case Number:	CM13-0051803		
Date Assigned:	12/27/2013	Date of Injury:	03/24/2006
Decision Date:	04/28/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 58-year-old male with a 3/24/06 date of injury. Subjective complaints include low back pain radiating down the lower extremities, and objective findings include sensory deficit in the L4 and L5 nerve root distribution. Current diagnoses include back pain, lumbar disc disease, lumbar stenosis, and herniated disc, and treatment to date has been medications. Medical reports identify associated requests for lumbar epidural steroid injections, consultation with a neurosurgeon, and referral to physical therapy. The patient was scheduled back to work, but does not feel that he could do it at this time, and that the patient would need to be referred to a disability specialist to pursue sophisticated analysis and testing. There is no documentation that the consultation is indicated 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

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION TO EVALUATE DISABILITY/IMPAIRMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF ENVIRONMENTAL MEDICINE GUIDELINES, CHAPTER 7: INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: The ACOEM guidelines identify that consultation is indicated 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. Within the medical information available for review, there is documentation of diagnoses of back pain, lumbar disc disease, lumbar stenosis, and herniated disc. In addition, there is documentation of associated requests for lumbar epidural steroid injections, consultation with a neurosurgeon, and referral to physical therapy. However, despite documentation that the patient would need to be referred to a disability specialist to pursue sophisticated analysis and testing, there is no documentation that consultation is indicated 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. In addition, although there may be an administrative need to evaluate disability/impairments, there is no documentation that the requested consultation to evaluate disability/impairments represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for consultation to evaluate disability/impairments is not medically necessary.