

Case Number:	CM13-0058059		
Date Assigned:	12/30/2013	Date of Injury:	09/29/2013
Decision Date:	03/25/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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, has a subspecialty in Interventional Spine 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:

This is a 22 year-old male who injured his mid and low back on 9/29/13 from lifting merchandise at [REDACTED]. He was placed on modified duty, provided anti-inflammatory medications, Flexeril and PT. the patient then reports back pain with standing and then with prolonged sitting. On 11/6/13 he still reports 8/10 pain, and has occasional radicular pain down both legs. The patient reported losing the prescription for Flexeril and was requesting stronger medication. He was diagnosed with a thoracic and lumbar strain, and the physician wants to refer the patient to the orthopedic department. On 11/18/13 FORTE Utilization Review denied the referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), page 127.

Decision rationale: The patient presents with 8/10 mid and low back pain with intermittent radicular symptoms, despite about 6-weeks of conservative care with medications, activity modification and Physical Therapy. The physician wants orthopedic recommendations. ACOEM states a referral can be made to other specialists " when the plan or course of care may benefit from additional expertise." The request is in accordance with ACOEM guidelines.