

Case Number:	CM13-0058497		
Date Assigned:	12/30/2013	Date of Injury:	08/17/2010
Decision Date:	03/21/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/27/2013

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 & 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:

The patient is a 43-year-old male with date of injury of 8/17/2010. According to progress report dated 10/04/2013 by [REDACTED], the patient presents with ongoing neck and low back pain at 5-6/10, radiation in to legs, right greater than left. He currently takes Norco 3 times a day for pain. Physical examination shows range of motion of the cervical and lumbar spine is decreased in all planes, decreased sensation to the left L4, L5, and S1 dermatomes. Motor exam: 4+/5 left tibialis anterior, 5-/5 right tibialis anterior, 4+/5 bilateral EHL, 4+/5 left inversion, plantar flexion and eversion, 5/5 right inversion, plantar flexion and eversion. Treater is requesting an orthopedic consultation for the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

An orthopedics consultation for the lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127 and 156

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: This patient presents with chronic neck and low back pain radiating to his bilateral upper extremities and bilateral lower extremities. Utilization review dated 11/04/2013 denied the request stating that there is no comprehensive examination of the lower extremities and lower extremity complaints are not fully explained or explored. ACOEM Guidelines page 127 states that health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when pain or course of care may benefit from additional expertise. In this case, the treating physician is concerned about the patient's bilateral lower extremities specifically the ankle and foot. It does not appear that the current treater feels he has the expertise to address the patient's foot/ankle pains. Recommendation is for authorization of the request.