

Case Number:	CM13-0061242		
Date Assigned:	12/30/2013	Date of Injury:	02/15/2012
Decision Date:	04/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/04/2013

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 Pain Management and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 02/15/2012 due to cumulative trauma while performing normal job duties. The patient's treatment history included medications and psychiatric support. The patient developed chronic low back pain radiating into the bilateral lower extremities. The patient underwent an electrodiagnostic studies in 04/2012 that documented there were no abnormalities. The patient also underwent an MRI in 04/2012 that documented disc dehydration, disc protrusion effacing the thecal sac at the L4-5 and L5-S1 and a grade I retrolisthesis at the L1 over the L2 vertebra. A request was made for an orthopedic consultation with [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULT WITH [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 89-92..

Decision rationale: The requested orthopedic consultation with [REDACTED] is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends referral and consultation when diagnostic and therapeutic management have been exhausted within the treating physician's scope of practice. The clinical documentation

submitted for review does not provide a recent assessment of the patient's physical condition to support the need for an orthopedic referral. The medical documentation available for review did not provide any evidence that the treating physician's scope of practice had exhausted all diagnostic and therapeutic management. Therefore, the need for an orthopedic consultation is not clearly indicated. As such, the requested orthopedic consult with [REDACTED] is not medically necessary or appropriate.