

Case Number:	CM13-0069526		
Date Assigned:	01/17/2014	Date of Injury:	07/23/2009
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/23/2013

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 Orthopedic Surgery 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 has submitted a claim for neck sprain, lumbar pain with radiculopathy, and hand pain associated with an industrial injury date of July 23, 2009. Treatment to date has included oral and topical analgesics, spine surgery, physical therapy, epidural injection and acupuncture. Medical records from 2013 were reviewed and showed complaints of constant neck pain and back pain radiating to the right lower extremity graded 8-9/10, described as burning and stabbing in nature. These were accompanied by numbness, aggravated by motion and improved with medications. Cervical spine examination revealed tenderness and spasm over the right levator scapulae and trapezius. The right paracervical and parascapular muscles were tender as well. There was limitation of motion of the cervical spine and Spurling test was positive. Lumbar spine examination showed limitation of motion and tested positive for straight leg raise and Faber's test. The patient was diagnosed with chronic low back pain with right lower extremity L4-5 radiculitis/radiculopathy and cervical strain with myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ORTHOPEDIC SURGEON SPINE CONSULTATION TO LUMBAR:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 7, 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient was diagnosed with chronic low back pain with right lower extremity L4-5 radiculitis/radiculopathy. However, there was no discussion regarding the indication for referral to a spine specialist. Furthermore, the objective findings did not support the diagnosis of radiculopathy. The reports did not show uncertainty or complexity of the diagnosis that may warrant a referral to a Spine specialist. Therefore, the request for outpatient orthopedic surgeon spine consultation to lumbar is not medically necessary.