

Case Number:	CM14-0000978		
Date Assigned:	07/16/2014	Date of Injury:	02/08/2012
Decision Date:	08/14/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/03/2014

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 claimant is a 58 year old male claimant who sustained a vocational injury on 02/08/12. The records provided for review document a working diagnosis of cervical spine sprain/strain with bilateral upper extremity radiculopathy, lumbar spine strain/sprain with bilateral lower extremity radiculopathy and left knee strain. The report of the office visit on 01/21/14 noted complaints of low back pain which radiated to the bilateral extremities with numbness and tingling. Examination was documented to show tenderness, decreased range of motion, sensory deficits and decreased sensation. The report of a lumbar CT from 07/16/12 showed multi-level generalized disc bulges. At the L 2 - 3 there was a moderate disc bulge over approximately 4 millimeter encroachment on the right and left neural foramina. At L 3 - 4 there was a 3 - 4 millimeter generalized disc bulge with encroachment on the right and left neural foramina. At L 4 - 5, there was a 5 millimeter generalized disc bulge with encroaching on the right and left neural foramina. At L 5 - S 1, there was a 4 - 5 millimeter bulge with encroachment on the right and left neural foramina. The current request is for consultation with an orthopedic spine surgeon for the cervical and lumbar spine and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH AN ORTHOPEDIC SPINE SURGEON FOR THE CERVICAL AND LUMBAR SPINE AND LEFT KNEE: 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 (ACOEM), Chapter 7, Independent Medical Examination and Consultations, page 127.

Decision rationale: California MTUS ACOEM Guidelines do not support the request for orthopedic consultation. There is a lack of clinical information presented for review, which details and documents the medical treatment that the claimant has received thus far and the clinical and functional response to these treatments. There is a lack of documentation establishing the medical necessity for the need to have an orthopedic consultation requesting a specific plan of care. Therefore, based on the lack of documentation, the request for orthopedic surgeon consultation cannot be recommended as medically necessary.

CONSULTATION WITH A PSYCHOLOGIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 (ACOEM), Chapter 7, Independent Medical Examination and Consultations, page 127.

Decision rationale: The documentation suggests that the claimant saw a psychologist on 08/21/13, however, the entire note and the outcome of that evaluation was not available for review. It is unclear what recommendations were made, if any, and if recommendations were made, there is no documentation to determine the claimant's response to treatment. There is also no provider rationale to explain the need for psychological consultation and a specific plan of care. Therefore, based on the ACOEM Guidelines, the request for the consultation with a psychologist cannot be considered medically necessary.

CONSULTATION WITH AN INTERNAL MEDICINE PHYSICIAN FOR THE CERVICAL AND LUMBAR SPINE AND LEFT KNEE: 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 (ACOEM), Chapter 7, Independent Medical Examination and Consultations, page 127.

Decision rationale: The documentation fails to explain the rationale as to how the subspecialty of internal medicine could provide further recommendations and delineated line of care for the cervical and lumbar spine and left knee. In addition, documentation fails to note what previous treatments have been utilized, if any, and what the response was to those treatments have been, if,

indeed, they were undertaken. Therefore, the medical necessity of the consultation of internal medicine physician has not been clearly established based on the ACOEM Guidelines.