

Case Number:	CM14-0005448		
Date Assigned:	01/24/2014	Date of Injury:	12/20/2011
Decision Date:	06/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 42-year-old male who reported injury on December 20, 2011. The mechanism of injury was the injured worker was on an extension ladder up to about 1 and one half stories and was installing drains at the top of the story. As the injured worker was on the ladder, it slipped sideways and he went with it, falling off and down the ladder. The injured worker fell to the ground and his left foot took most of the force. The injured worker underwent a left foot subtalar joint arthrodesis on October 11, 2013. The documentation of December 10, 2013 revealed the injured worker had physical therapy and had complaints of pain to the side of the foot and increasing low back pain. Objective physical examination revealed left ankle range of motion was intact and there was pain to palpation of the lateral calcaneus along the peroneal tendons. The x-rays showed good position of the hardware across the posterior subtalar joint. The diagnoses included left calcaneal fracture, left subtalar joint traumatic osteoarthritis and low back syndrome. The treatment plan included physical therapy, custom orthotics for bilateral feet, and referral to a lumbar spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO A LUMBAR SPINE SPECIALIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
INTRODUCTION Page(s): 1.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker had complaints of low back pain. There was a lack of documentation of objective findings per the submitted documentation. The clinical documentation failed to include an MRI or postsurgical EMG (electromyography)/NCV (nerve conduction velocity) testing to support the necessity for a specialist referral. Additionally, there was a lack of documentation indicating the injured worker had been treated and had failed conservative management. The request for a referral to a lumbar spine specialist is not medically necessary or appropriate.