

Case Number:	CM14-0104314		
Date Assigned:	07/30/2014	Date of Injury:	10/24/2000
Decision Date:	09/19/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/07/2014

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, 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 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 is a 60-year-old male with an injury date of 10/24/2000. According to the 07/01/2014 progress report, the patient complains of having pain in his lower back as well as having a hernia. He has tingling and numbness down his left leg and foot. The left leg occasionally gives out. Upon examination of the lumbar spine, the patient has difficulty rising from a seated position and ambulates with a slow, guarded left antalgic gait. Lumbar spine has a limited range of motion. The patient reports he is scheduled for surgery in July. "He has an appointment 07/09/2014 in order to remove tissue from abdomen." The patient's diagnoses include the following: posterior lumbar fusion; back pain; lower/upper extremity pain; status post lumbar fusion, anterior; status post lumbar decompression; lumbar radiculitis; lumbar compression. The utilization review determination being challenged is dated 07/03/2014. Treatment reports were provided from 01/16/2014 - 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation: 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 ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: Based on the 07/01/2014 progress report, the patient complains of having pain in his lower back as well as a hernia. The request is for an orthopedic evaluation. The report with the request was not provided. There are no discussions regarding the need for this request. ACOEM Practice Guidelines page 127 states the following; "Occupational health practitioner may refer to other specialist 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." ACOEM Guidelines further state that a referral to a specialist is recommended in aiding complex issues. The reports provided do not discuss any rationale for an orthopedic evaluation. Based on the list of diagnosis, it is difficult to figure out why an orthopedic evaluation would be required. The patient has had surgery of the lumbar spine already. Therefore this request is not medically necessary.

Pain management consultation: Overturned

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 ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: Based on the 07/01/2014 progress report, the patient presents with lower back pain and hernia. The request is for Pain Management consultation. The report with the request was not provided and there is no indication of why the treater is requesting this. ACOEM page 127 states that, "The occupational 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." ACOEM supports specialty consultation and the patient should be allowed a pain management consultation to address any medications/pain management information the patient may need for his surgery in July. Therefore this request is medically necessary.

General surgery consultation: 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 ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: Based on the 07/01/2014 progress report, the patient complains of lower back pain and hernia. The request is for a general surgery consultation. The report with the

request was not provided. There is no discussion regarding why the treater is requesting for this consult. ACOEM pg. 127 states "The occupational health practitioner may refer to other specialist 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." ACOEM supports specialty consultation for complex issues. The reports do not show any rationale for general surgical consult. The patient is on schedule for an abdominal surgery and it would appear that the patient is already seeing a general surgeon. Therefore this request is not medically necessary.