

Case Number:	CM14-0106054		
Date Assigned:	07/30/2014	Date of Injury:	11/15/2012
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 Nevada. 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 records, presented for review, indicate that this 52-year old gentleman was reportedly injured on May 15, 2012. The most recent progress note, dated July 29, 2014, indicated that there were ongoing complaints of back pain and neck pain. The injured employee rated his pain at 4/10. Current medications include Ultram, Ibuprofen, Relafen, and Flexeril. The physical examination demonstrated decreased range of motion of the cervical and lumbar spine, tenderness over the lumbar spine and paraspinal muscles, negative straight leg raise test and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed a disc bulge at L2 to L3 and L4 to L5 as well as facet arthropathy at L4 to L5 and L5 to S1. There was a Grade I retrolisthesis of L5 on S1. An MRI of the cervical spine revealed disc bulging and spurring at multiple levels. Treatment included oral medications. A request was made for an orthopedic consultation for treatment of a lumbosacral joints and ligaments and was not certified in the preauthorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation and Treatment for Lumbosacral Joints and Ligaments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC

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) Practice Guidelines, 2nd Edition (2004), 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM), 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. The injured employee has neck pain and low back pain without any abnormal neurological findings nor any surgical conditions identified on MRI. Additionally, the medical record does not state that the injured employee has failed to improve with conservative treatment. Considering this, the request for an orthopedic consultation for treatment for the lumbar sacral joints and ligaments is not medically necessary.