MAXIMUS Federal Services

Case Number:	CM14-0014389		
Date Assigned:	02/28/2014	Date of Injury:	02/05/2013
Decision Date:	06/27/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 injured worker is a 45-year-old male who reported an injury on 02/04/2013. The mechanism of injury was not stated. The current diagnoses include T12 compression fracture, lumbar disc protrusion, and lumbar degenerative disc disease. The injured worker was evaluated on 01/21/2014. The injured worker reported 6/10 low back and mid back pain with radiation into the right lower extremity. The physical examination revealed tenderness to palpation, guarding, spasm, trigger points, 4/5 strength, restricted range of motion, and intact sensation. The treatment recommendations included a referral to an interventional radiologist for a possible balloon kyphoplasty for the T12 compression fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERVENTIONAL RADIOLOGIST CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Occupational Medicine Practice Guidelines; Reed Group/The Medical Disability Advisor; and Official Disability Guidelines, Integrated Treatment Guidelines (ODG Treatment in Workers Compensation, 2nd Edition) - Disability Duration Guidelines (Official Disability Guidelines, 9th Edition)/Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker maintains a diagnosis of T12 compression fracture. However, there is no documentation of an attempt at conservative treatment prior to the request for a specialty referral. As the medical necessity has not been established, the current request is not medically appropriate. Therefore, the request is not medically necessary.