

Case Number:	CM14-0116173		
Date Assigned:	08/04/2014	Date of Injury:	08/23/2013
Decision Date:	10/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 Neurological 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 records presented for review indicate that this 29 year-old individual was reportedly injured on 6/23/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 6/26/2014. Indicates that there are ongoing complaints of low back pain and left foot pain. The physical examination is handwritten and states positive tenderness to palpation, decreased range of motion, flexion 30, extension 20. Diagnostic imaging studies include a CT scan of the left ankle which reveals status post ORIF distal fibular fracture. Previous treatment includes left ankle surgery, medications, epidural steroid injection, and conservative treatment. A request had been made for referral to a spine surgeon, and was not certified in the pre-authorization process on 7/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Spine Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Chapter 7: Independent Medical Examinations and Consultations Page 127

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),¹ ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS/ACOEM practice guidelines state "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." Review of the available medical records, documents low back pain with tenderness to palpation and decreased range of motion at their last office visit, but fails to give a clinical reason to transfer care to a spine specialist. As such, this request is not considered medically necessary.