

Case Number:	CM14-0137777		
Date Assigned:	09/05/2014	Date of Injury:	09/21/2010
Decision Date:	10/03/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 Pennsylvania. 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 claimant is a 28-year-old gentleman who injured his low back on September 21, 2010. The records provided for review document that, following a course of conservative treatment, the claimant subsequently underwent an L5-S1 lumbar fusion. Recent clinical assessment by orthopedic surgeon, [REDACTED], noted ongoing complaints of low back pain radiating to the right foot with numbness on July 2, 2014. The report documented that a recent epidural injection provided only 50 percent temporary relief. Objectively, on physical examination there was an antalgic gait with tenderness to palpation including paravertebral tenderness, restricted range of motion, positive straight leg raising, no documentation of motor deficit, but sensory change to the right L4 and L5 dermatome. The recommendation was made for a diagnostic hardware injection, referral to an orthopedic spine physician and a clinical followup with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ortho Consult with [REDACTED] for spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on the California ACOEM Guidelines, the request for orthopedic spine consultation would not be indicated. At this point in time, there has been no clear documentation of need for further surgical intervention. The claimant was referred for a hardware block for diagnostic purposes. In the absence of documentation of a specific need for additional surgery, the request for orthopedic spine consultation for the purpose of revision surgery cannot be recommended as medically necessary.