

Case Number:	CM14-0154677		
Date Assigned:	09/24/2014	Date of Injury:	12/21/2011
Decision Date:	10/27/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 23-year-old with a reported date of injury of 12/21/2011. The patient has the diagnoses of lumbar muscle spasm, lumbar disc protrusion, lumbar radiculopathy, lumbar stenosis, testicular pain and loss of sleep. Per the most recent progress reports provided for review from the primary treating physician dated 07/11/2014, the patient had complaints of severe throbbing low back pain with stiffness and numbness radiating to the groin. The physical exam noted decreased/painful lumbar range of motion, tenderness to palpation in the paralumbar region and positive straight leg raise. Treatment plan recommendations included referral to urology for testicular pain and follow up with the patient's spinal surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with spinal surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 pg.127

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) general concepts, page(s)

Decision rationale: Per the ACOEM, the 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. There is no documentation provided that shows the patient has undergone spinal surgery. The listed diagnosis per the progress report does not list spinal surgery. There is no indication of any changes in the patient's physical condition. Previous progress notes from 2/2013 mention a referral for chiropractic care and lumbar spinal surgery. There is no follow up progress notes provided concerning these recommendations. Based on the documentation provided for review, the need for follow up with the spinal surgery has not been established. The request is not medically necessary.