

Case Number:	CM14-0157647		
Date Assigned:	10/01/2014	Date of Injury:	10/17/1996
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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:

This 54-year-old female sustained an industrial injury on 10/17/96 relative to a trip and fall. Past surgical history was positive for L2-sacrum decompression and fusion in 2009, hardware removal, left knee arthroscopy chondroplasty in 2001, cervical fusion at C4/5 in 1997, and lap band surgery. The 7/21/14 treating physician report cited on-going back and neck pain, pain all over her body, and numbness and tingling of the 4th and 5th fingers bilaterally. The patient ambulated independently with normal heel to toe gait. Movement from the chair to standing and standing to the exam table were performed with mild difficulty and discomfort. Physical exam documented mild back tenderness, 20-30% reduction in umbar flexion/extension, 30% reduction in cervical flexion and rotation, and 50% reduction in extension. Nerve tension signs were negative, sensation was normal, and right patellar reflex was diminished. Upper and lower extremity strength was 5/5. The diagnosis was spinal deconditioning, status post 4-level lumbar fusion with adjacent segment degeneration, status post C4/5 fusion with multilevel degenerative disc disease, depression, and chronic narcotic use. The patient was encouraged to wean off narcotic analgesics and onto a low impact aerobic conditioning program, no additional surgical intervention to the neck or back was recommended. Referral to a knee specialist was recommended to discuss the current condition of her knee and prescribe appropriate conservative measures that would help facilitate her aerobic conditioning program. The 9/3/14 utilization review modified the request for consultation and treatment with an orthopedic surgeon and approved consultation only. Pre-authorization of unspecified treatment to be made by a consult not yet done was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and Treat with Orthopedic surgeon ([REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; regarding referral

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) Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: The California MTUS guidelines support referral to a 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. Guideline criteria have been met for a specialty referral for consultation. There is no specific plan outlined relative to this request to establish the medical necessity of treatment. The 9/3/14 utilization review modified this request and approved only the consultation. There is no compelling reason to support any additional services at this time pending outcome of the consultation and submission of a formal treatment plan. Therefore, this request is not medically necessary.