

Case Number:	CM14-0174080		
Date Assigned:	10/27/2014	Date of Injury:	01/07/2013
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

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 Florida. 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 25-year-old female with a date of injury of 1/07/2013. The mechanism of injury was picking up a 400-dollar coin back, and in doing so "twisting her back." She had an MRI performed in 4/2014, which showed at L5/S1 right paracentral and foraminal disc extrusion with an annular tear. The extrusion goes approximately 9mm inferiorly. Significant stenosis of the right lateral recess and right foramen. Documentation from 4/2014 indicates that the patient has tried conservative treatment with physical therapy and medications, including Vicodin, Motrin, and Flexeril. She reportedly stopped taking the prescribed medications since they left her with a "foggy mind." However, an 8/19/2014 progress note indicates that she is now taking Flexeril, Norco, and Tramadol. She was seen by a physical medicine and rehabilitation physician (██████████) on 4/29/2014. His consultation note recommended a right S1 transforaminal epidural steroid injection as the patient had failed conservative therapy. This ESI was performed on 5/23/2014 with only temporarily relief reported. The last progress note provided in the records is from 8/19/2014, and states that an EMG is scheduled for 8/20/2014, after which the patient should follow up with her ██████████ for the results. The results are not provided for review in the records. A physician named ██████████, whose specialty is listed as physical medicine and rehabilitation, made a request for referral of this patient to a spine specialist. A utilization review physician did not certify the request. The utilization review physician states that, "the history and documentation do not objectively support the request for a spine specialist. The claimant's history of evaluation and treatment to date is unclear. There is no indication that surgery is likely to be needed. Her condition does not appear to be highly complex and requiring a spine specialist." Likewise, an independent medical review has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultations with Spine Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14) Office Visits: Evaluation and management (E&M) outpatient visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines Page(s): 2-3. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Consultations, page(s) 127

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Similarly, ACOEM Occupational medicine guidelines also state, "A 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. A referral may be for consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment for an examinee or patient." On review of both sets of guidelines in relationship to this patient's case there is nothing prohibitory in these guidelines to deny the requesting physician (in this case a physical medicine and rehabilitation specialist) a specialty consultation with a Spine Specialist. To date this patient has failed conservative therapy, and only received temporary relief from an ESI injection. Likewise, I am reversing the prior utilization reviewer's decision. The utilization reviewer (whose specialty is listed as occupational medicine) gave his/her opinion that this patient's case does not appear to be highly complex requiring a spine specialist. Clearly, the treating physical medicine and rehabilitation physician has a different opinion and is requesting further expert advice/consultation. We should not deny him/her this. Again, guidelines state that referral may be indicated to aid in "diagnosis, prognosis, and therapeutic management." This request is considered medically necessary.