MAXIMUS Federal Services

Case Number:	CM14-0022228		
Date Assigned:	06/11/2014	Date of Injury:	02/09/2013
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 56 year old male who reported an injury regarding his neck and low back on 02/09/13. The qualified medical evaluation completed on 05/06/14 revealed the injured worker stated the initial injury occurred when he was in an elevator that suddenly malfunctioned and he dropped approximately 3-5 feet resulting in a fall to the floor. The injured worker stated he struck his left foot. The injured worker stated that he sustained a hyperextension injury to the neck and low back on 02/09/13. The clinical note dated 03/11/14 indicates the injured worker complaining of an increase in neck and low back pain. Radiating pain was identified from the low back into the right lower extremity. The injured worker stated he was having difficulty sleeping secondary to the pain level. There is an indication the injured worker has previously undergone cognitive behavioral therapy. The note indicates the injured worker having previously undergone orthopedic and neurologic consultations. There is also an indication the injured worker has undergone physical therapy in the past. The injured worker was identified as having complaints of headaches on a consistent basis. The injured worker also had complaints of dizziness when walking or moving his head. The injured worker described the upper back pain as a throbbing sensation with stiffness. Low back pain was identified as radiating into the lower extremities. The injured worker stated the pain was affecting his ability to complete his activities of daily living as he has difficulty with bathing. The injured worker also reported difficulty controlling his bowels and bladder. The electrodiagnostic studies of the lower extremities revealed essentially normal findings. No radiculopathy was identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND OPINION FOR SPINE CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 503.

Decision rationale: The request for a 2nd opinion for a spinal consultation is medically necessary. The documentation indicates the injured worker complaining of significant pain radiating from the low back into the lower extremities. Additionally, the clinical documentation indicates the injured worker having difficulty completing his activities of daily living secondary to the pain level. Given that the injured worker has difficulty completing his activities of daily living, a spine consultation is indicated in order to guide a pathway to future treatments. Therefore, this request is reasonable.