

Case Number:	CM14-0024878		
Date Assigned:	07/09/2014	Date of Injury:	07/12/2007
Decision Date:	08/08/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 Occupational Medicine 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:

Patient is a 33 year-old male with date of injury 07/12/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/07/2014 lists subjective complaints as residual low back with radiation into the left groin and anterior thigh. Objective findings: Examination of the lumbar spine and lower extremities revealed limited range of motion and tenderness to palpation in the midline area over the L3-4 vertebrae and paraspinal tenderness over the facet joints at the level adjacent to his previous fusion, L3-4 and L4-5. Positive FABER test on the left, negative shear test bilaterally, negative straight leg test bilaterally, and positive tenderness to the PSIS bilaterally. The neurologic exam shows no deficits. Diagnosis: 1. Arthrodesis, L5-S1 2. Lumbar instrumentation removal, May 2013 3. Residual low back pain. Patient has completed 12 sessions of physical therapy to date. Patient was noted to have minimal improvement after the final session. The request is for followup with the surgeon who had removed the hardware. The patient has not been seen since the surgery by the surgeon, but has been seen by the surgeon's physician assistant 4 times postoperatively since hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recheck appointment with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 132.

Decision rationale: Following removal of the hardware, the patient was seen 4 times during the ninety-day postoperative period by the surgeon's physician assistant. The medical record contains no documentation explaining why another consult has been requested. According to the California Medical Treatment Utilization Schedule (MTUS), a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical records provided lack sufficient documentation to support a referral request.