

Case Number:	CM14-0025160		
Date Assigned:	06/11/2014	Date of Injury:	02/04/2011
Decision Date:	10/03/2014	UR Denial Date:	02/05/2014
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:

This is a 34-year-old male with a 2/4/11 date of injury. The mechanism of injury is not known. On a 9/21/13 "transfer of care" initial progress note provided by his new treating physician, the patient described lower back pain radiating to both lower extremities. Objective findings: The patient's physical examination was negative with the exception of mildly limited range of motion throughout, positive Kemp's and Goldthwaite tests were positive. On the lumbar disc herniation exam, the straight-leg-raise tests bilaterally produced back pain at 40 degrees, crossed straight-leg-raise on the right and left produced back pain at 50 degrees. The Trendelenburg and sacroiliac joint thrust tests were positive. Diagnostic impression: Lumbar spine disc herniation with myelopathy, Lumbar radiculitis with radiculopathy to both lower extremities. Treatment to date: modified activities, back brace, acupuncture, and medication management. The patient has not received epidural injections to date. The UR decision dated 2/5/14 denied the request for an Orthopedic Consultation based on a lack of information provided that justified an alternate orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS page 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), Chapter 6, pages 127, 156; Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS states that consultations are recommended, and 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. However, It is unclear why a repeat orthopedic consultation is being requested. The patient has been treated in the past by an orthopedic surgeon. There is no clear rationale provided as to why a repeat orthopedic consultation is requested. Therefore, an Orthopedic Consultation was not medically necessary.