

Case Number:	CM14-0042637		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2004
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 Physical Medicine and Rehabilitation 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 44-year-old gentleman with a date of injury of 10/29/04. Mechanism of injury is not disclosed in the submitted medical record, however, the patient has a long history of back pain with diagnoses of lumbar disc disease who has been under the care of a pain specialist over the last year or so. Submitted records do not discuss other consulting physicians in the past. The patient returns in follow-up in late 2013 with an increase in symptoms and new radicular symptoms to the right leg. MRI was recommended and done on 11/06/13. This study shows no obvious stenosis, no compression fracture, normal hydration of lumbar discs and some degree of facet joint and ligamentum flavum hypertrophy. Exam shows a positive SLR on the right, reduced sensation and reduced right patellar reflexes. Given the persistence of symptoms despite care provided by the pain specialist as well as development of new radicular symptoms, an ortho consultation was recommended. This was submitted to Utilization Review on 3/05/14, and the consult was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation Orthopedic Surgeon-Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: Guidelines support use of orthopedic consultation for severe symptoms, activity limitation, and failure to resolve symptoms with conservative treatment. In this case, the patient has a history of injury from 2004 with extensive prior treatment, including treatment over the last year with a pain specialist. He returns in follow-up with new onset right sided radicular symptoms along with findings suggestive of radiculopathy on exam. MRI has been done, and given the persistence of symptoms despite care by this pain specialist, orthopedic evaluation of the patient is recommended. Medical necessity of an orthopedic consult for the lumbar spine is established.