

Case Number:	CM14-0046012		
Date Assigned:	07/02/2014	Date of Injury:	11/18/2004
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic Surgeon 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 52-year-old female with a reported date of injury of 11/18/2004. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/06/2014 reported that the injured worker complained of low back pain. The physical examination of the injured worker revealed tenderness to the paraspinal lumbar and over the bilateral sacroiliac joints. The clinical note dated 01/02/2014 reported the physical examination revealed the injured worker's bilateral lower extremities' sensation was grossly intact and muscular strength was a 4/5. The injured worker's prescribed medication list included Dilaudid and Exalgo. The injured worker's diagnoses included depressive disorder, spasm of the muscle, lumbosacral spondylosis without myopathy, and L4 radiculopathy. The requesting provider requested an orthopedic/spine consultation; the rationale was not provided within the clinical notes. The request for authorization was submitted on 04/14/2014. The injured worker's prior treatments included a set of 3 L5 transforaminal injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC/SPINE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/LOW BACK LUMBAR AND THORACIC (ACUTE AND CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visit.

Decision rationale: The request for orthopedic spine consultation is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for an orthopedic spine consultation was not provided within the clinical notes. The ODG recommend an office visit to be medically necessary. The Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. It is noted that the injured worker has had 3 epidural steroid injections and that the treating physician has recommended the second set. There is a lack of clinical information indicating the rationale for a specialty consultation. Moreover, there is a lack of clinical evidence that the injured worker's pain was unresolved with the primary physician's standardized care. Given the information provided, there is insufficient evidence to determine the appropriateness of an orthopedic spine consultation to warrant the medical necessity. As such, the request is non-medically necessary.