

Case Number:	CM14-0059645		
Date Assigned:	07/09/2014	Date of Injury:	07/09/2010
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 59-year-old male who has submitted a claim for associated with an industrial injury date of 07/09/2010. Medical records from 08/15/2013 to 07/09/2014 were reviewed and showed that patient complained of low back pain graded 8/10. Physical examination revealed spasm in the lumbar area. Treatment to date has included lumbar spine surgery (date not made available) and oral and topical pain medications. Utilization review dated 04/14/2014 denied the request for orthopedic consultation for lumbar spine because there was no rationale given for the orthopedic consultation request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation for Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Topics ACOEM Chapter 7 Independent Medical Examinations and Consultations Page 127,156. Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: As stated on pages 305-306 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, spine surgeon referral is recommended with severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and failure of conservative treatment. In this case, there was no documentation of radiating leg pain resulting to activity limitation. Physical examination findings available did not indicate neural compromise. Imaging studies (if there were any) were not made available. It is unclear as to why an orthopedic consultation is needed. Therefore, the request for orthopedic consultation for lumbar spine is not medically necessary.