MAXIMUS Federal Services

Case Number:	CM14-0059839		
Date Assigned:	07/09/2014	Date of Injury:	12/06/2012
Decision Date:	09/05/2014	UR Denial Date:	04/25/2014
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 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 54 year-old male with date of injury 12/06/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/26/2014, lists subjective complaints as constant low back pain radiating to the left lower extremity with associated numbness and tingling. Objective findings: Examination of the low back revealed decreased range of motion in all planes due to pain. Straight leg test was positive bilaterally, left greater than right. Tenderness to palpation of the lumbar spine with spasms was noted as well as decreased sensation of the left lower extremity at L5-S1. Diagnosis: 1. Lumbar disc protrusion 2. Lumbar radiculopathy 3. Adjustment disorder 4. Insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO PREAUTH CARDIO RESPIRATORY DIAGNOSTIC TESTS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: 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. There is no documentation that the patient requires a preoperative workup or the cardiopulmonary problems are covered body part and this claim. The patient has a low back injury. The medical record lacks sufficient documentation does support a referral request.