

Case Number:	CM14-0083141		
Date Assigned:	07/25/2014	Date of Injury:	12/22/2009
Decision Date:	10/02/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/04/2014

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 Nevada. 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 records presented for review indicate that this 61 year-old individual was reportedly injured on 12/22/2009. The mechanism of injury is not listed. The most recent progress note, dated 4/17/2014. There are indications of ongoing complaints of low back pain that radiates in the bilateral lower extremities. The physical examination demonstrated lumbar spine: positive tenderness to palpation lower lumbar paravertebral muscles. Forward flexion 30, extension 5, lower extremity reflexes are absent. No recent diagnostic studies are available for review. Previous treatment includes epidural steroid injection, medications, and conservative treatment. A request had been made for referral for lumbar spine, and was not certified in the pre-authorization process on 5/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral evaluation and treatment of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examination and Consultations, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: ACOEM guidelines support referral 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. Review of the available medical records, documents that the injured worker has authorized access to an orthopedic surgeon for an initial evaluation according to the utilization review dated 5/7/2014. Therefore this request is duplicate authorization is not medically necessary. In addition, without clarification as to the specific treatment being requested, open ended treatment of the lumbar spine is also not medically necessary.