

Case Number:	CM14-0084355		
Date Assigned:	07/21/2014	Date of Injury:	04/01/2013
Decision Date:	09/08/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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:

The injured worker is a 56-year-old female who was reportedly injured on April 1, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 17, 2014, (handwritten and particularly difficult to read), noted no change in the symptoms and indicated that there were ongoing complaints of low back pain. The physical examination demonstrated an alert oriented individual with a spinal examination consistent with the baseline. Diagnostic imaging studies (bone scan) noted diffuse uptake around the knee prosthesis. Plain radiographs noted no fracture or spondylolisthesis present in the lumbar spine. Degenerative changes were noted, and there was no foraminal stenosis. Plain films of the chest and spine stated there were no fractures seen on the roof films, and thoracic spine appeared intact. Previous treatment included transcutaneous electrical nerve stimulation unit, cervical traction and massage therapy. A request was made for an orthopedic consultation and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an Orthopedic Spine Surgeon (Thoracic): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 194-195. Decision based on Non-MTUS Citation Official Disability Guidelines.

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) independent medical examinations page 127.

Decision rationale: When noting the reported mechanism of injury, the injury sustained, the current findings on plain films noting that there was no compression fracture, and there were ordinary disease of life degenerative changes throughout the thoracic and lumbar spine and by the parameters outlined in the California Medical Treatment Utilization Schedule, it did not appear to be an uncertain diagnosis or extremely complex clinical situation. As such, it is not clear why an orthopedic consultation is being sought. The medical necessity has not been established.