

Case Number:	CM14-0088603		
Date Assigned:	07/23/2014	Date of Injury:	02/14/2011
Decision Date:	09/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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 59-year-old individual was reportedly injured on February 14, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 29, 2014, indicated that there were ongoing complaints of low back pain and right lower extremity pain. The physical examination demonstrated an individual in no acute distress. There was tenderness to palpation of the medial and lateral joint lines of the right knee with no patellofemoral tenderness. The left ankle also noted tenderness of the medial and lateral aspects. There was tenderness to palpation of the lower lumbar spine. Paraspinous muscle spasm was noted and associated with a decrease in lumbar spine range of motion. Sensation was intact in the lower extremities and motor function strength was described as 5/5. Diagnostic imaging studies were not reported. Previous treatment included injection therapies, multiple medications, physical therapy, and pain management interventions. A request had been made for a surgical consultation and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM, Chapter 7.

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 examination Chapter 7, page 127.

Decision rationale: As noted in the ACOEM Guidelines, a consultation is indicated when the clinical situation is extremely complex or uncertain. In this case, there is insufficient data obtained to establish that there is a possible surgical lesion. The records reflect that an MRI is pending. Injection therapies have been completed in the past. As such, it is not clear that the diagnosis has not been objectified or that is truly complex. Therefore, based on the progress notes presented, there is insufficient data offered to establish the medical necessity of this consultation.