

Case Number:	CM14-0090803		
Date Assigned:	07/23/2014	Date of Injury:	03/26/2014
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 has a subspecialty in Interventional Spine 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 patient is a 58 year old female with an injury date of 03/26/14. Based on the 05/16/14 progress report provided by [REDACTED], the patient complains of low back pain and soreness. She is currently taking Soma and Ibuprofen. Upon examination, patient's lumbar spine shows the patient has some tenderness with bending and extending. The patient's diagnoses include the following: Low back pain Tendinosis and peritendinitis involving the right gluteus minimus Mild trochanteric bursitis, bilaterally Mild disk protrusion seen at multiple levels (04/16/14 MRI) [REDACTED] is requesting for a consultation with an orthopedic surgeon (lumbar). The utilization review determination being challenged is dated 06/04/14. The rationale is that there is limited evidence that the claimant has failed to respond with conservative treatment to warrant the request. [REDACTED] is the requesting provider, and he provided treatment reports from 03/27/14- 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedic surgeon (lumbar): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: According to the 05/16/14 report by [REDACTED], the patient presents with low back pain and soreness. The request is for a consultation with an orthopedic surgeon (lumbar). ACOEM Practice Guidelines page 127 has the following: The occupational health practitioner may refer 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. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues therefore Consultation with an orthopedic surgeon (lumbar) is medically necessary.