

Case Number:	CM14-0093219		
Date Assigned:	07/25/2014	Date of Injury:	09/23/2013
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/19/2014

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:

Injured worker is a male with date of injury 9/23/2013. Per request for treatment authorization dated 8/21/2014, the requesting provider explains that the injured worker was initially evaluated in the clinic on 4/17/2014, and had a stressful work environment which included physical threats. He also sustained two orthopedic injuries. On one occasion he he injured his lower back after a very large, heavy part fell and a portion of the equipment struck him. On another occasion he was using a ladder with uneven footing. The ladder moved and he felt a sensation of tearing in his spine. Current diagnosis includes major depressive disorder, single episode, moderate, with anxiety and a global assessment of functioning score of 48.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Orthopedic Specialists: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-

based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The requesting provider is a psychologist that is requesting orthopedic referral to address orthopedic concerns. The request for referral to orthopedic specialists is determined to be medically necessary.