

Case Number:	CM14-0012105		
Date Assigned:	02/21/2014	Date of Injury:	02/28/2013
Decision Date:	01/21/2015	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/30/2014

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 Family Practice, 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:

34 yr. old male claimant sustained a work injury on 2/28/13 involving the back, knees, shoulders and neck. A progress note on 5/7/14 indicated the claimant had pain in the involved areas. Exam findings were unremarkable. The treating physician requested an orthopedic referral to determine orthopedic related spinal complaints. A progress note from an orthopedic surgeon on 5/19/14 indicated the claimant had knee, thoracic and lumbar spinal tenderness with decreased range of motion. He was diagnosed with cervical spine syndrome, bilateral knee strain, bilateral meniscal tear and migraine headaches. He had been treated with Tramadol ER, topical analgesics (TG HOT), Sentra PM and proton pump inhibitors for reducing gastric acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic spine specialist - cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

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) Chapter 7, Independent Medical Examinations and Consultations, Specialist Referral, page 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, there were no physical exam findings from the referring physician to indicate the need for an orthopedic surgeon. No preliminary or presumptive diagnoses were made prior to the request. The referral was not medically necessary.