

Case Number:	CM14-0172971		
Date Assigned:	10/23/2014	Date of Injury:	01/04/2014
Decision Date:	01/05/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/20/2014

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:

This is a 42-year old male patient with a date of injury on 1/4/2014. In a progress noted dated 8/22/2014, the patient complained of bilateral neck and upper back pain with left arm numbness. He also complained of headaches, low back pain, and bilateral leg numbness, tingling and burning. VAS pain score was rated 7 out of 10. Objective findings: Cervical MRI showed degenerative disc disease with mild canal stenosis at C2-C3, C3-C4, C4-C5, and C6-C7. Lumbar MRI showed 2-3 mm disc protrusion at L4-L5, with high intensity zone/annular fissure mildly contacting the trans versing right S1 nerve root in the lateral recess. The provider requested chiropractic manipulation and physiotherapy 2 times a week for 4 weeks. The diagnostic impression showed lumbar radiculitis, lumbar sprain/strain, neuritis, and cervical sprain/strain. Treatment to date: medication management, behavioral modification, physical therapy. A UR decision dated 9/19/2014 denied the request for Orthopedic Consult with the provider of lumbar spine. The rationale provided regarding the denial was that since a pain management consult was approved, expectations were that the pain management consultant would be able to differentiate true somatic versus functional pain and to be able to give advice on medication. The consultant would also be able to propose future treatment including the need for orthopedic consult. There was no imminent orthopedic surgical issue requiring attention at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Consult with Dr. [REDACTED] (lumbar spine): Upheld

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

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 6- Independent Medical Examination and Consultations page 127, 156 and on the Official Disability Guidelines (ODG) Pain Chapter- Office Visits

Decision rationale: CA MTUS states that consultations are recommended, and a 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. However, in an 8/22/2014 progress note, a pain management consult was also requested by a different provider, and no rationale was provided regarding the medical necessity of an orthopedic consult in addition to the pain management consult. Furthermore, the patient was documented to have functional improvement from conservative treatment. In fact, the provider requested an additional regimen of chiropractic and physical therapy sessions for 4 weeks. Therefore, the request for Ortho Consult with provider for the lumbar spine was not medically necessary.