

Case Number:	CM14-0179923		
Date Assigned:	11/04/2014	Date of Injury:	11/05/2012
Decision Date:	01/23/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 Internal 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:

The injured worker (IW) is a 65-year-old man who sustained an industrial injury on November 5, 2012. The mechanism of injury was a traumatic fall resulting in a cerebral contusion, shoulder pain and low back pain. According to a progress note dated July 15, 2014, the IW complained of low back pain with pain down the left leg. He reports the pain is generally better. The IW also complains of neck pain with pain into the shoulders. He still has headaches, but they are better. Upon examination, the IW is alert and oriented. Gait is normal. The IW was recommended a TENS unit. Pursuant to the progress note dated September 28, 2014, the IW reports that the TENS unit has "helped greatly". He only has occasional pain down the left leg. Examination reveals mild lumbar spine tenderness. The IW is able to reach the floor in flexion. The IW does not want any medications as the TENS unit is helping significantly. The IW is sleeping okay at night. The current request is for an orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 92, 305. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, 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 Examinations, Chapter 7; Referral Surgical consultation, Page 305; Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the ACOEM guidelines, orthopedic consultation is not medically necessary. Referral for surgical consultation is indicated for patients who have severe and disabling lower like symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. 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 planned source of care may benefit from additional expertise. In this case, the injured worker is 65 years old with a date of injury November 5, 2012. The injured worker's working diagnoses are status post traumatic fall; cerebral concussion; shoulder pain; and low back pain. The July 15, 2014 progress note indicates the injured worker has low back pain complaints that radiate into the left leg. His complaints however, were generally better. The injured worker still has headaches, but better. Patient was awake alert and oriented in the gait was normal. A TENS unit was recommended. Progress note dated September 20, 2014 indicates the TENS unit has "helped greatly". He only has occasional pain that radiates down the left leg. Range of motion has improved in the TENS is helping significantly." Consequently, based on the medical documentation the injured worker has been improving with physical therapy and TENS. Conservative treatment has been helping to resolve the radicular symptoms involving the left lower extremity. Additional expertise, at this time, is not necessary based on the improvement and resolving symptoms. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, orthopedic consultation is not medically necessary.