

Case Number:	CM14-0180522		
Date Assigned:	11/05/2014	Date of Injury:	10/14/2011
Decision Date:	01/30/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 has a date of injury of October 14, 2011. The patient has left shoulder pain and back pain. Electrodiagnostic studies from July 2014 show chronic right S1 radiculopathy. Lumbar MRI shows degenerative disc condition at L5-S1 with foraminal stenosis. The medical records do not document significant conservative measures for low back pain. At issue is whether referral to a lumbar spine specialist is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine specialist evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations page 127 and Official Disability Guidelines Low Back Updated 8/22/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: MTUS ACOEM guidelines for referral to a spine specialist are not met at this time. Specifically, there is no clear documentation of adequate conservative measures for the treatment of low back pain. There is no documentation of recent trial and failure physical therapy. The medical records do not show physical exam findings demonstrate a significant

neurologic deficit. There are no red flag indicators such as concern for fracture or tumor discussed and the medical records. Referral to a spine specialist is not medically necessary.