

Case Number:	CM14-0187605		
Date Assigned:	11/17/2014	Date of Injury:	05/15/2013
Decision Date:	01/07/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 38 year old male who sustained a work related injury on May 15, 2013. The injured worker was cleaning a drain and felt a pulling sensation in the left side of his back radiating to the right leg and foot. Several hours later the injured worker developed neck and upper back pain. A physician's evaluation dated August 25, 2014 notes that the injured worker complained of neck pain and stiffness that radiated to the arms and hands with associated numbness and tingling, worse on the right side. Level of pain was seven out of ten. The injured worker also complained of mid and lower back pain with occasional radiation to both feet with burning, numbness and tingling. Physical examination of the cervical spine revealed full range of motion and no tenderness. Tenderness was noted with cervical spine extension. Muscle strength and sensation of the upper extremities was intact. Lumbar examination revealed palpable muscle spasm next to the spinous processes. Flexion and tension were limited due to pain in the lumbosacral region. Strength and sensation were intact in the lower extremities. Straight leg raise was negative. Work status was full regular duties with restrictions. Current medications included Ibuprofen, Dexil and Advil. Per the documentation, an MRI of the cervical, thoracic and lumbar spine dated September 21, 2013 showed that the cervical and thoracic spine were normal and the lumbar spine revealed a lumbar two-lumbar three level small central annular tear with a protrusion. No nerve root impingement was noted. Diagnoses were cervicalgia and a lumbar annular tear. Prior treatments included pain medication, chiropractic treatment and physical therapy. The injured worker was noted to have had good pain relief with treatment. On September 15, 2014 the treating physician requested an orthopedic specialist pain management evaluation and treatment of the cervical and lumbar spine. On October 9, 2014 Utilization Review evaluated and denied the request for an orthopedic specialist pain management evaluation and treatment of the cervical and lumbar spine. Utilization Review denied the request

due to no documentation of the past treatment protocols, modalities or outcomes. There was no indication of a Home Exercise Program and the record did not indicate a complex diagnosis that would require a specialist's expertise to provide a treatment plan. Therefore, the request for an orthopedic specialist evaluation and treatment of the cervical and lumbar spine is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with an Orthopedic Specialist for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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, page 127

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records from 8/25/14 do not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the request is not medically necessary.

Treatment with an Orthopedic Specialist for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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, page 127

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note from 8/25/14 does not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the request is not medically necessary.