

Case Number:	CM14-0187850		
Date Assigned:	11/18/2014	Date of Injury:	12/10/2010
Decision Date:	01/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/11/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial contusion injury of December 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; unspecified amounts of extracorporeal shock wave therapy; and epidural steroid injection therapy. In a Utilization Review Report dated October 17, 2014, the claims administrator denied a request for an orthopedic consultation. Non-MTUS Chapter 7 ACOEM Guidelines were cited and, furthermore, mislabeled as originating from the MTUS. The claims administrator stated that its decisions were based on progress notes of February 14, 2013, January 20, 2014, and September 18, 2014. The applicant's attorney subsequently appealed. In a handwritten note dated April 10, 2014, the applicant reported ongoing complaints of low back pain, shoulder pain, neck pain, and lower extremity pain. The attending provider stated that the applicant had MRI of the lumbar spine which demonstrated evidence of an L5-S1 radiculopathy. Epidural steroid injection therapy was sought. The applicant exhibited positive straight leg raising. Naproxen, Prevacid, and Flexeril were endorsed. The applicant's work status was not stated. On a May 7, 2014, the applicant stated that an earlier epidural steroid injection had been temporarily successful. The applicant's work status was not furnished on this occasion, either. In a September 26, 2014 handwritten progress note, the applicant reported ongoing complaints of paresthesias about the hands, heightened complaints of low back pain radiating into the right leg, and neck pain. The note was extremely difficult to follow. It was suggested that the applicant consult various other providers. In a handwritten note dated September 18, 2014, the applicant presented with ongoing complaints of neck and shoulder pain. Acupuncture and naproxen were endorsed. It was suggested (but not clearly stated) that the applicant was working.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The applicant's primary pain generator here is the low back. However, the MTUS Guideline in ACOEM Chapter 12, page 306 notes that applicants with complaints of low back pain alone, without associated findings of significant nerve root compromise, rarely benefit from either surgical consultation or surgery. In this case, the attending provider's handwritten progress notes, in addition to being seemingly difficult to follow, did not outline the purposes of proposed orthopedic consultation. It was not clearly stated that the applicant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine. There was no mention of the applicant's having a large herniated disk amenable to surgical correction, for instance. Therefore, the request for Orthopedic Consultation is not medically necessary.