

Case Number:	CM14-0207015		
Date Assigned:	12/19/2014	Date of Injury:	11/07/2012
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a male patient with a date of injury of November 7, 2012. A utilization review determination dated November 12, 2014 recommends non-certification of a consultation with a general surgeon. A progress note dated November 5, 2014 identifies subjective complaints of low back pain that has worsened over the last few weeks with tight spasms that radiates down into both legs posterior and anterior. The physical examination reveals tenderness/spasm of the thoracolumbar spine/paravertebral musculature, restricted range of motion of the back, sensory changes to light touch and pinprick, and straight leg raise test is positive bilaterally. The diagnoses include lumbar radiculopathy, lumbar herniated disc, and lumbar DJD. The treatment plan recommends Celebrex 100 mg, tramadol 50 mg, gabapentin 300 mg, Relafen 300 mg, an injection of Toradol and Orphenadrine, and a request for a consultation with a general surgeon for a non-work-related issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with General Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127.

Decision rationale: Regarding the request for consultation with general surgeon, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, there is no reason specified for the general surgeon consultation. As such, the currently requested consultation with general surgeon is not medically necessary.