

<b>Case Number:</b>	CM14-0040771		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 patient with a date of injury of 6/10/09. A utilization review determination dated 3/27/14 recommends non-certification of consultation for impairment rating as the patient was already seeing one orthopedic surgeon and there was no rationale for a visit with another orthopedic surgeon for the purpose of obtaining an impairment rating. 2/14/14 medical report identifies pain in the neck and back with numbness and tingling in the extremities. On exam, there is tenderness, limited ROM, decreased sensation and strength in various dermatomes/myotomes, positive SLR, Spurling's, Lasegue, L'hermitte, and slump testing. Recommendations include medications, consultation with orthopedics for impairment rating, consultation with immunologist/allergist, and FCE.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with [REDACTED] for impairment rating:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 127

**Decision rationale:** Regarding the request for consultation for impairment rating, 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, it is noted that the request is for consultation with orthopedics for the purpose of an impairment rating, but it appears that the patient was already seeing another orthopedic and no rationale was provided as to why a second orthopedic would be needed to provide an impairment rating. In the absence of clarity regarding the above issues, the currently requested consultation for impairment rating is not medically necessary.