

Case Number:	CM15-0003965		
Date Assigned:	01/14/2015	Date of Injury:	11/28/1997
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 injured worker is a female patient, who sustained an industrial injury on 11/28/1997. A PR2 dated 12/16/2014 reported the patient stating her Valium is being denied. She uses marijuana for pain control. Objective findings showed patient with chronic lumbar radiculopathy and spasms with recommendation to obtain a second opinion regarding pain management. She is noted swimming once a weeks, but she's unable to climb the stairs at the pool. She continues with a home exercise program. She is currently out of work deemed permanent and stationary. Her diagnoses are listed as chronic lumbar radiculopathy and spasms. On 12/28/2014 Utilization Review non-certified a request for a referral for seconda opinion regarding lumbar spine, noting ACOEM consultations/examinations is cited. The injured worker submitted an application for IMR for reievw of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] for second opinion regarding lumbar spine: 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), Office Visits Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298.

Decision rationale: As per the MTUS guidelines, “referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan.” Consultations are warranted if there are persistent symptoms, and unresolved radicular symptoms after receiving conservative treatment. The limited chart does not document all the conservative forms of therapy the patient utilized. She had a home exercise program, swimming, and used Valium for treatment. But there was no other medications or modalities of treatment listed. The patient has not failed conservative therapy. Therefore, the request for a referral is not medically necessary at this time.