

Case Number:	CM15-0005258		
Date Assigned:	01/16/2015	Date of Injury:	07/12/2013
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old male, who sustained an industrial injury on 7/12/2013. He has complaints of chronic low back pain radiating to the bilateral hip and right lower extremity. The injured worker describes his pain as a burning type pain that he wakes him up with stiffness and achy type of pain in the morning. Magnetic Resonance Imaging (MRI) on 1/16/14 showed multilevel degenerative changes of the lumbar spine with posterior protrusion/extrusion at L5-S1 which abuts right S1 nerve root; moderate left sided foraminal stenosis at L5-S1; border line central spinal canal stenosis at L4-5. The documentation noted on 12/130/2014 Magnetic Resonance Imaging (MRI) lumbar spine impression showed lumbar spondylosis at L4-5 and L5-S1; predominance of the examination was stable, although the posterior protrusion at L5-S1 had slightly decreased in size. The diagnoses have included lumbar, degenerative disc disease; clinically consistent lumbar radiculopathy; cervical sprain/strain and sacroiliitis. According to the utilization review performed on 12/10/2014, the requested Consultation with a general surgeon for the abdomen/groin has been non-certified. CA MTUS ACOEM second edition, 2004, page 127 and the ACOEM page 112 was used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a general surgeon for the abdomen/groin: Overturned

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, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: This patient presents with chronic low back pain radiating to the bilateral hip and right lower extremity. The current request is for CONSULTATION WITH A GENERAL SURGEON FOR ABDOMEN/GROIN. The Utilization review denied the request stating that there are no history of symptomatic complains or findings on evaluation consistent with an inguinal hernia. The American College of Occupational and Environmental Medicine, ACOEM, Second Edition 2004 Chapter 7, page 127 states that "the occupational health practitioner may refer to other specialist 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinee's fitness for return to work." The treating physician would like to refer the patient for a consultation as the he has concerns regarding an inguinal hernia. Given the treating physician's concern, a consultation for further evaluation is within ACOEM guidelines. The request for consultation IS medically necessary.