MAXIMUS Federal Services

Case Number:	CM15-0006022		
Date Assigned:	01/20/2015	Date of Injury:	12/05/2014
Decision Date:	03/17/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/12/2015

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: 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:

This 57 year old male sustained an industrial injury on 12/05/14. The available clinical records contain limited information from a single clinical visit dated 12/22/14. The listed diagnoses are knee and lumbar contusion. Current medications include Naproxen and Tizanidine. No clinical findings are included except for vital signs. The plan includes an orthopedic referral, with the reason for referral documented as "evaluate and treat". A UR performed 1/7/15 made reference to a more complete version of the 12/22/14 progress note. The note is reported as containing information that the patient felt 40% recovered three weeks after his injury, and had ongoing knee and back pain. Exam findings included tenderness and swelling of the knees but no effusions, and tenderness and decreased range of motion of the back. Straight leg raise was negative. The 1/07/15 UR non-certified the Referral to Orthopedic Spine Specialist for Evaluation and Treatment per 12/22/14 Request. The Referral to Orthopedic Spine Specialist for Evaluation and Treatment was denied based on non-MTUS ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an Orthopedic spine specialist for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Occupational and Environmental Medicine (ACOEM) Second Edition, 2004 page127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The ACOEM reference cited above states that within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy (and obviously due to a herniated disk) is detected. Therefore, referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; or failure of conservative treatment to resolve disabling radicular symptoms.The documentation in this case, albeit very limited, does not support the referral of this patient to a spine surgeon. The patient's injury is less than one month old, and there are no documented findings of or concerns for serious spinal pathology or radiculopathy. Based on the ACOEM Guideline cited above and on the clinical information provided for my review, a referral for to an orthopedic spine specialist is not medically necessary because there is no evidence that the patient has serious spinal pathology or radiculopathy, and because the injury is well under three months old.

Unspecified treatment with an orthopedic spine specialist for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Occupational and Environmental Medicine (ACOEM) Second Edition, 2004 page 112

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The ACOEM reference cited above states that within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy (and obviously due to a herniated disk) is detected. Therefore, referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; or failure of conservative treatment to resolve disabling radicular symptoms.The documentation in this case, albeit very limited, does not support the referral of this patient to a spine surgeon, or any treatment by the surgeon. The patient's injury is less than one month old,

and there are no documented findings of or concerns for serious spinal pathology or radiculopathy. Based on the ACOEM Guideline cited above and on the clinical information provided for my review, unspecified treatment by an orthopedic spine specialist is not medically necessary because there is no evidence that the patient has serious spinal pathology or radiculopathy, and because the injury is well under three months old.