

Case Number:	CM15-0104945		
Date Assigned:	06/09/2015	Date of Injury:	04/06/1992
Decision Date:	07/14/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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: North Carolina
 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 69 year old female sustained an industrial injury on 4/6/92. She subsequently reported neck and back pain. Diagnoses include lumbar and cervical disc displacement without myelopathy and osteoarthritis. Treatments to date include nerve conduction, x-ray and MRI testing, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience chronic neck, low back, left hip and bilateral upper extremity pain. Upon examination, strength is grossly full in the bilateral extremities. Restricted range of motion of the left hip with pain in internal range of motion. The gait was antalgic with a limp favoring the left leg. A request for 1 surgical consultation with [REDACTED] was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 surgical consultation with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute. Hip & Pelvis (Acute & Chronic). Encinitas (CA): Work Loss Data Institute; 2013 Jun 12, Various p.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The 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 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of ongoing pain that have failed treatment by the primary treating physician. Therefore, criteria for a surgical consult have been met and the requested treatment is medically necessary.