

Case Number:	CM15-0010134		
Date Assigned:	01/27/2015	Date of Injury:	09/10/2011
Decision Date:	04/02/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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: Arizona, 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:

The injured worker is a 31 year old male, who sustained an industrial injury on September 10, 2011. The mechanism of injury is unknown. The diagnoses have included bilateral ankle sprain/strain, lumbar radiculitis and chronic pain. Treatment to date has included diagnostic studies, medication and epidural steroid injection. On November 21, 2014, the injured worker complained of lumbar spine pain rated as a 7 on a 1-10 pain scale. He has a constant pain that radiates down to both legs with numbness and tingling. He reported to feel 60% relief for one week with easier mobility after an epidural injection to the lumbar spine, but the pain increased after a week. Physical examination of the lumbar spine revealed diffuse tenderness to palpation over the lumbar paraspinal muscles with mild facet tenderness. Lumbar spine range of motion was 65 degrees flexion and 10 degrees extension. On December 19, 2014 Utilization Review non-certified an ortho spine surgeon consult. No citation was provided. On January 16, 2015, the injured worker submitted an application for Independent Medical Review for review of ortho spine surgeon consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Spine Surgeon Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG= pain chapter, office visits- pg 92.

Decision rationale: A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees; fitness for return to work. According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the claimant was seeing a pain specialist and receiving intervention for pain which temporary relief with subsequent increasing and persistent pain. The claimant had been managed non-surgically for years including electrodiagnostics and pain medications. The request for an orthopedic consultation is appropriate and medically necessary.