

Case Number:	CM15-0130106		
Date Assigned:	07/16/2015	Date of Injury:	04/21/2013
Decision Date:	08/12/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/06/2015

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 57 year old male sustained an industrial injury to the low back and left leg on 4/21/13. Previous treatment included physical therapy, epidural steroid injections, injections and medications. Electromyography/nerve conduction velocity test (10/16/14) showed bilateral L5 radiculopathy. Magnetic resonance imaging lumbar spine (7/18/13) showed a posterior fusion at L5-S1. Flexion-extension x-rays (12/17/13) showed motion at L4-5. In a PR-2 dated 6/4/15, the injured worker complained of worsening back pain and leg pain, rated 9/10 on the visual analog scale, associated with numbness and weakness. Physical exam was remarkable for tenderness to palpation over the L4-5 and L5-S1 area with palpable paraspinal muscle spasms, limited range of motion due to pain, decreased and worsening extensor hallucis longus motor strength, diminished sensation in bilateral L5 and S1 distribution, absent bilateral Achilles reflexes and positive bilateral straight leg raise. Current diagnoses included spondylolisthesis at L4-5 with instability, lumbar post laminectomy syndrome, bilateral nerve root impingement at L5, bilateral lower extremity radiculopathy and recurrent leg pain, lumbar L4-5 foraminal stenosis. The physician noted that a recent request for lumbar surgery had been denied. The physician was requesting an appeal for spinal surgery, a second opinion spinal surgery consultation, an orthopedic consultation for the chest and medications (Senna, Tizanidine, Percocet and Colace).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult for the chest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127.

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 form additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient does not have a primary diagnosis from industrial incident involving the chest. The need for orthopedic consult for the chest is not established in the provided documentation for review. Therefore, the request is not medically necessary.