

Case Number:	CM15-0131567		
Date Assigned:	07/17/2015	Date of Injury:	02/13/2014
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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: Pennsylvania, Ohio, 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 54 year old female, who sustained an industrial injury on 2/13/14. The injured worker was diagnosed as having cervical strain, lumbar strain, lumbar degenerative disk disease, L4-5 disk herniation, and L5-S1 degenerative disk disease. Treatment to date has included physical therapy, a home exercise program, and medication. Currently, the injured worker complains of neck pain and low back pain radiating to the right thigh. The treating physician requested authorization for an orthopedic spine consultation and treatment for the cervical and lumbar spine. The treating physician noted due to continuing and increasing pain a spine surgery consultation and treatment is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic spine consultation and treatment for cervical and lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consult Page 127.

Decision rationale: ACOEM recommends physician consultation when another physician may be able to assist in diagnosis and/or management. A prior physician review certified this request for an orthopedic spine consult to the lumbar spine but not to the cervical spine given initial improvement in the cervical spine. However, it is not feasible for a spine consultation to evaluate one part of the spine and not another if a patient has multifocal symptoms. Therefore the initial request is supported by the treatment guidelines. This request is medically necessary.