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| Case Number: | CM15-0134016 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 03/18/2013 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/10/2015 |

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:

The injured worker is a 37-year-old male who sustained an industrial injury on 3/18/13. He had complaints of left shoulder, back and thigh pain. Treatments include medication, chiropractic care, TENS unit and surgery. Progress report dated 4/7/15 reports continued complaints of lower back pain right in the middle, rated 4/10. He is having chiropractic treatments for his back. Medication helps to relieve the pain. Diagnoses include left shoulder joint pain, lower back pain, status posttraumatic fall, lumbosacral or thoracic neuritis or radiculitis and myofascial pain. Plan of care includes: education given, no medication refills given, recommend to the undergo Functional Capacity Evaluation. Work status: return to modified duty 4/7/15 with restrictions of no lifting greater than 20 pounds, no heavy or repetitive push/pull and bending. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Orthopedic Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 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 from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing back pain despite conservative therapy. The referral for an orthopedic specialist would thus be medically necessary and approved.