MAXIMUS Federal Services

Case Number:	CM15-0138065		
Date Assigned:	07/28/2015	Date of Injury:	08/06/2006
Decision Date:	08/28/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, 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 61 year old male patient who sustained an industrial injury on 08/06/2006. The injured worker is employed as a bartender noted being out of work until 12/2006 and returned back to customary position. He stated the accident occurred while working lifting a case of beer. A very recent primary treating office visit dated 06/25/2015 reported the patient being status post-surgery lumbar fusion on 12/23/2014. Per the note dated 6/25/15, the patient had complaints of lot of pain and discomfort in low back after surgery. Objective assessment found the patient with good range of motion to the lumbar spine. There was noted tenderness to palpation, mostly over bilateral sacroiliac joints, right side greater. The patient has had negative SLR and normal gait. The current treating diagnoses are: lumbosacral disc injury; lumbosacral radiculopathy; lumbosacral strain/sprain injury, and status post lumbosacral discectomy 12/23/2014. The plan of care noted continuing with recommendation for a functional restoration program with evaluation. The patient is temporarily totally disabled with follow up visit in three weeks. The medication list include Gabapentin, Lidoderm patch, Naproxen and Flexeril. The past medical history include DM. Patient had received ESIs for this injury. The patient has had CT scan of lumbar spine on 9/23/14 that revealed incomplete fusion and mild central canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation & 2nd (second) Opinion with MPN (medical provider network): 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists 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." He stated the accident occurred while working lifting a case of beer. A very recent primary treating office visit dated 06/25/2015 reported the patient being status post-surgery lumbar fusion on 12/23/2014. Per the note dated 6/25/15, the patient had complaints of lot of pain and discomfort in low back after surgery. Objective assessment found the patient with tenderness to palpation, mostly over bilateral sacroiliac joints, right side greater. The current treating diagnoses are: lumbosacral disc injury; lumbosacral radiculopathy; lumbosacral strain/sprain injury, and status post lumbosacral discectomy 12/23/2014. The patient has had CT scan of lumbar spine on 9/23/14 that revealed incomplete fusion and mild central canal stenosis. Patient has had conservative treatment with oral medication and still has significant objective findings and abnormal imaging results. Therefore this a complex case and the management of this case would be benefited by Consultation & 2nd (second) Opinion with MPN (medical provider network). The request for Consultation & 2nd (second) Opinion with MPN (medical provider network) is medically necessary and appropriate for this patient.