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| Case Number: | CM15-0143122 | | |
| Date Assigned: | 08/04/2015 | Date of Injury: | 02/08/2013 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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 47 year old male, who sustained an industrial injury on February 8, 2013. Treatment to date has included lumbar posterior decompression, laminectomy and fusion, physical therapy, NSAIDS, pain medications, and MRI of the cervical spine. Currently, the injured worker complains of persistent pain and weakness in the left lower extremity. A qualified medical examination resulted in a recommendation of rehabilitation for the injured worker. The evaluating physician noted that a request would be made to transfer the injured worker's care to podiatry for long term care and evaluation. On physical examination the injured worker's dorsal spine reveals a healed incision with flexion of 70 degrees, extension of 10 degrees and bilateral bending of 20 degrees. His motor strength is 5- and 5 in the left lower extremity. The diagnoses associated with the request include status post L4 burst fracture and status post posterior decompression, laminectomy and fusion. The treatment plan includes urology evaluation and treatment for cauda equine, re-evaluation by spine specialist, evaluation and transfer of care to podiatry for appropriate outpatient rehabilitation and managing prosthetic and orthotic needs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology evaluation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306. Decision based on Non-MTUS Citation ACOEM Chapter 7, 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 upon review of the provided medical records has symptoms and diagnosis of cauda equina syndrome and therefore urology consult would be medically necessary.

Spine re-evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306. Decision based on Non-MTUS Citation ACOEM Chapter 7, 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 upon review of the provided medical records has ongoing back pain and symptoms. Therefore, re-evaluation by spinal specialist would be medically necessary.

Transfer of care to physical medicine rehab specialist within medical provider network:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306. Decision based on Non-MTUS Citation ACOEM Chapter 7, 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 upon review of the provided medical records has ongoing back complaints and failure of response to the primary care physicians treatment plans. Therefore management by a physical medicine rehabilitation specialist would be medically necessary.