

Case Number:	CM15-0190030		
Date Assigned:	10/02/2015	Date of Injury:	10/21/2014
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male who sustained an industrial injury on 10/21/2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus, spondylolisthesis and radiculopathy. According to the treating physician's progress report on 08-04-2015, the injured worker continues to experience an aching pain in the lower back with intermittent numbness along the right thigh to the calf rated at 4 out of 10 on the pain scale. Examination demonstrated mild tenderness to palpation about the mid lumbar spine with decreased sensation in the right L5 dermatome. Range of motion was documented as 50 degrees flexion, extension within normal limits and bilateral lateral bending at 15 degrees each. Motor strength deficit was noted at the tibialis anterior, extensor hallucis longus muscle and inversion at 4 out of 5 on the right, otherwise remaining groups were intact bilaterally. Straight leg raise, slump and Lasegue's tests were negative bilaterally. Patellar reflexes were normal and Achilles' were noted as hyporeflexic bilaterally. The injured worker ambulates with a normal gait with normal heel and toe walk. Diagnostic test interpret, including Electromyography (EMG) and Nerve Conduction Velocity (NCV) study of the bilateral lower extremities performed on 06-05-2015 where noted as within normal limits; the injured worker also had a lumbar spine magnetic resonance imaging (MRI) in 11-2014. Prior treatments have included home exercise program, inversion table, chiropractic therapy (4 sessions completed to date) and medications. Current medications were listed as Ibuprofen and Xanax. Treatment plan consists of completing chiropractic therapy, transforaminal epidural steroid injection to the right L5 nerve root (authorized); discontinue Ibuprofen and trial Relafen and the current request for a

general orthopedic consultation and general orthopedic follow-up. On 08-31-2015 the Utilization Review determined the requests for a general orthopedic consultation and general orthopedic follow-up were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

General orthopedic office visit follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 89.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The injured worker sustained a work related injury on 10/21/2014. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus, spondylolisthesis and radiculopathy. Treatments have included home exercise program, inversion table, chiropractic therapy (4 sessions completed to date) and medications. Current medications were listed as Ibuprofen and Xanax. The medical records provided for review do not indicate a medical necessity for General orthopedic office visit follow up. The medical records indicate the injured worker sustained injuries to the low back and the left knee, for which he is under the care of an orthopedist with specialization in spine. The request for general orthopedic follow up did not explain why the injured worker is required to follow up with a general orthopedist considering the current treating provider is an orthopedist, but with specialization in spine surgery. The MTUS recommends that one of the roles of the clinician is to play the role of the case manager whereby while providing conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Also, the records indicate there was only a very limited knee examination, rather than thorough examination, as is recommended by the MTUS. The request is not medically necessary.

General orthopedic consultation within MPN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The injured worker sustained a work related injury on 10/21/2014. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus, spondylolisthesis and radiculopathy. Treatments have included home exercise program, inversion table, chiropractic therapy (4 sessions completed to date) and medications. Current medications were listed as Ibuprofen and Xanax. The medical records provided for review do not indicate a medical necessity for General orthopedic consultation within MPN. The medical

records indicate the injured worker sustained injuries to the low back and the left knee, for which he is under the care of an orthopedist with specialization in spine, he has also been evaluated by a general orthopedist. The request for general orthopedic follow up did not explain why the injured worker is required to follow up with a general orthopedist considering the current treating provider is an orthopedist, but with specialization in spine surgery. The MTUS recommends that one of the roles of the clinician is to play the role of the case manager whereby while providing conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The request is not medically necessary.