

Case Number:	CM15-0192895		
Date Assigned:	10/08/2015	Date of Injury:	11/25/2008
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/01/2015

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, Georgia
 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 34 year old female who sustained an industrial injury on 11-25-08. The injured worker reported low back discomfort with radiation to the lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar spine sprain. Provider documentation dated 7-13-15 noted "pain is aggravated with prolonged sitting, standing or walking". Provider documentation dated 7-13-15 noted the work status as temporary totally disabled. Treatment has included lumbar spine magnetic resonance imaging (3-22-15), radiographic studies, electric wheelchair, status post spine surgery, Norco, Xanax, and Gabapentin since at least July of 2015. Objective findings dated July of 2015 were notable for positive straight leg raise and range of motion painful. The original utilization review (9-14-15) denied a request for Consultation with a dentist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a dentist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

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

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the submitted medical records do not contain any assessment of dental problems and do not contain any rationale for dental consultation. A dental consultation is not medically necessary.