

Case Number:	CM15-0195302		
Date Assigned:	10/08/2015	Date of Injury:	01/01/2013
Decision Date:	11/18/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/22/2015

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 62 year old male, who sustained an industrial injury on 1-1-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain-strain-degenerative disc disease-spinal canal stenosis-multilevel disc protrusion, cerebral concussion with headaches, bilateral feet sprain-strain with synovitis and subchondral cysts bilaterally, T12-L1 compression deformity without acute fracture, anterolisthesis L4 on L5, right knee degenerative changes, seasonal affective disorder (SAD), and sleep disturbance. On 7-21-2015, the injured worker reported lumbar spine pain rated 7 out of 10 with radiculopathy to the bilateral lower extremities with numbness, tingling, and weakness in the bilateral legs, with bilateral foot pain rated 6 out of 10, and persistent headaches. The Primary Treating Physician's report dated 7-21-2015, noted the injured worker injured worker received an epidural steroid injection (ESI) that helped briefly for two days, with ortho recommending a L4-S1 fusion. The injured worker's functional status was unchanged from the previous visit. The physical examination was noted to show bilateral lumbar tenderness, bilateral ankle medial and lateral joint lines tenderness, and positive bilateral straight leg raise. The sensory examination was noted to be intact. Prior treatments have included 24 chiropractic treatments, 36 sessions of acupuncture, massage therapy, e-stim therapy, 24 sessions of physical therapy, biofeedback sessions, cognitive behavioral therapy (CBT), and topical creams. The treatment plan was noted to include bilateral ankle MRIs. The injured worker's work status was noted to be temporarily totally disabled. The request for

authorization dated 8-6-2015, requested a vascular consultation. The Utilization Review (UR) dated 8-19-2015, non-certified the request for a vascular consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascular consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Copyright 2012, Foundations, Independent Medical Examinations and Consultations.

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 history or physical examination findings that indicate a concern for a vascular condition. There is no submitted rationale for a vascular consultation. Given this lack of basic documentation related to the stated reason for consultation, there is no medical indication for vascular consultation. The request is not medically necessary.