

Case Number:	CM15-0198229		
Date Assigned:	10/13/2015	Date of Injury:	05/07/2014
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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: 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 52 year old female, who sustained an industrial injury on 5-7-14. The injured worker was diagnosed as having lumbosacral strain and thoracic spine herniated nucleus pulposus. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, an epidural steroid injection, and medication including Voltaren, Prilosec, Flexeril, and Xanax. On 9-8-15 physical examination findings included decreased lumbar extension due to tenderness and a positive straight leg raise. On 9-8-15, the injured worker complained of low back pain with radiation to the left leg and associated numbness and tingling rated as 7-8 of 10. On 9-8-15 the treating physician requested authorization for a 2nd treater as an outpatient. On 9-15-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd treater as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with low back complaints. In some instances based on findings, the patient may need referral for surgical consideration. In this case, it appears that the rationale for referral to a 2nd treater is based on the request for a surgical evaluation. The above cited MTUS guidelines describe the following criteria for surgical consultation. These guidelines state that referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electro-physiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Failure of conservative treatment to resolve disabling radicular symptoms. In this case, the medical records provided are insufficient in content to determine whether the patient meets the above cited MTUS guidelines requiring an orthopedic consultation for surgical evaluation. The request for a second treater does not specify the rationale for the referral. There is no imaging finding provided to justify the need for surgical consideration. There is no clear evidence that the patient has disabling radicular symptoms based on the documented history or physical examination findings. Given the lack of clear documentation there is inadequate justification for referral to a second treater, presumably for surgical consideration at this time. The request is not medically necessary.