

Case Number:	CM15-0201502		
Date Assigned:	10/16/2015	Date of Injury:	03/13/2015
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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: Emergency 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:

This is a 54 year old female who sustained a work-related injury on 3-13-15. Medical record documentation on 9-11-15 revealed the injured worker was being treated for low back pain and left hip strain. She reported no improvement in her low back pain and right hip pain. Objective findings included an antalgic gait. She had a markedly positive straight leg raise bilaterally and was unable to fully extend either hip. She notes the pain is located in the low back at the lumbar region. X-rays revealed mild dysplasia. An MRI of 4-2015 is documented as revealing mild canal and bilateral neural foraminal narrowing at L2-L3 and mild left side neural foraminal stenosis at L4-L5. Previous treatment included left hip injection, epidural steroid injection, 9-10 sessions of physical therapy (7-28-15), and NSAIDS. She found the epidural steroid injection helpful. Her medications included Aleve and Ultram. A request for spine consultation was received on 9-17-15. On 9-22-15, the Utilization Review physician determined spine consultation was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Initial Assessment, Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested Spine consultation, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has no improvement in her low back pain and right hip pain. Objective findings included an antalgic gait. She had a markedly positive straight leg raise bilaterally and was unable to fully extend either hip. She notes the pain is located in the low back at the lumbar region. X-rays revealed mild dysplasia. An MRI of 4-2015 is documented as revealing mild canal and bilateral neural foraminal narrowing at L2-L3 and mild left side neural foraminal stenosis at L4-L5. The treating physician has adequately documented persistent symptomatology and positive exam findings establishing the medical necessity for a spine consultation. The criteria noted above having been met, Spine consultation is medically necessary.