MAXIMUS Federal Services

Case Number:	CM15-0206237		
Date Assigned:	10/23/2015	Date of Injury:	11/11/2012
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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, New York, California
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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 11, 2012. In a Utilization Review report dated October 15, 2015, the claims administrator approved an orthopedic consultation while denying a request for "consultation and treatment" (AKA referral) with an orthopedist to consider an SI joint fusion. The claims administrator referenced an October 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 1, 2015, the applicant was placed off of work owing to ongoing complaints of low back pain. The applicant was asked to consult an orthopedist with considerable experience of doing SI joint fusion procedures. The applicant reportedly exhibited positive provocative testing at the facet joint. On an RFA form dated October 9, 2015, a referral to said spine surgeon was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with ortho for SI joint infusion: Overturned

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

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

Decision rationale: Yes, the request for a consultation and treatment (AKA referral) with an orthopedist to consider an SI joint fusion was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, a spine surgeon, seemingly stated that he did not have the requisite experience needed to perform a possible SI joint fusion procedure. The attending provider stated that the applicant consult a practitioner with more experience performing this particular surgery. Obtaining the consultation in question was, thus, indicated to determine the applicant's suitability for a possible SI joint fusion procedure. Therefore, the request was medically necessary.