

Case Number:	CM15-0207375		
Date Assigned:	10/26/2015	Date of Injury:	04/17/2013
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 17, 2013. In a utilization review report dated September 29, 2015, the claims administrator failed to approve a request for an orthopedic consultation for the lumbar spine. The claims administrator referenced a September 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On March 17, 2015, the applicant was given refills of Cymbalta, Norco, Protonix, Neurontin, Flexeril, and kept off of work, on total temporary disability, owing to ongoing issues with neck pain, back pain, and associated depression. On May 12, 2015, the applicant was again placed off of work, on total temporary disability owing to ongoing complaints of neck and low back pain. Facet injections and a functional restoration program evaluation were sought while Cymbalta, morphine, Flexeril, and Terocin were all renewed. Once again, the applicant was kept off of work. The claims administrator's medical evidence log suggested the most recent note on file was in fact dated August 12, 2015; thus, the September 11, 2015 office visit on which the article in question was sought was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 orthopedic consult for L-spine: Overturned

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

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

Decision rationale: Yes, the request for an orthopedic consultation for the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the practitioner to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. Here, the applicant was off of work, the treating provider reported on multiple office visits, referenced above, interspersed throughout 2015. The applicant had ongoing, longstanding low back pain complaints which had proven recalcitrant to time, medications, physical therapy, injection therapy, etc. Obtaining the added expertise of an orthopedist to determine whether or not the applicant was a candidate for lumbar spine surgery was, thus, indicated. Therefore, the request was medically necessary.