

Case Number:	CM15-0020323		
Date Assigned:	02/09/2015	Date of Injury:	12/05/2012
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 50-year-old female who reported an injury on 12/05/2012, after falling down a set of stairs. The injured worker's treatment history included physical therapy, activity modification, and multiple medications. The injured worker was evaluated on 01/08/2015. It was noted that the injured worker complained of 7/10 pain with medications, that was increased to 9/10 without medications. It was documented that the injured worker had poor sleep quality. Objective findings included tenderness to palpation of the paravertebral musculature with limited range of motion secondary to pain, and positive facet loading. The injured worker had a positive straight leg raising test on the left, and a positive faber's test. The injured worker had decreased sensation to light touch in a patchy distribution along the bilateral lower extremities, and 2/4 reflexes of the bilateral lower extremities. The injured worker's diagnoses included hip pain and low back pain. The injured worker's treatment plan included a functional restoration program, a left hip injection, continued medications, and referral for an orthopedic evaluation. A request for authorization was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The requested referral to an orthopedic surgeon is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommend referrals to surgeons for orthopedic issues when there is a significant loss of function that has failed to respond to conservative treatments, and is consistent with pathology identified on an imaging study. The clinical documentation submitted for review does not indicate that the injured worker is a surgical candidate. It is noted that the injured worker is going to enroll in a functional restoration program. It is also noted that the injured worker has not undergone the planned sacroiliac joint injections. Therefore, the patient has not exhausted all non-interventional treatments prior to evaluation for surgery. As such, the requested referral to an orthopedic surgeon is not medically necessary or appropriate.