

Case Number:	CM15-0032627		
Date Assigned:	02/26/2015	Date of Injury:	11/08/2007
Decision Date:	04/09/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male reported a work-related injury on 11/08/2007. According to the Initial Orthopedics Evaluation from the treating provider dated 12/10/14, the injured worker (IW) reports constant, severe, sharp, stabbing neck, low back and right hip pain. He also reports right groin and right foot pain that is constant. There is swelling in the right foot. Diagnoses include residuals after right foot surgery; right lower extremity complex regional pain syndrome; right hip pain; right inguinal pain; lumbar spinal strain and lumbar disc protrusion-L5-S1. No previous treatment was listed except medications. The treating provider requests follow up with spine surgeon as needed. The Utilization Review on 01/22/2015 modified the request for follow up with spine surgeon to allow one visit. References cited were CA MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with a spine surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), page 127.

Decision rationale: The patient presents with constant, severe, sharp, stabbing neck, low back and right hip pain. The current request is for follow up with a spine surgeon. On 1/3/15 (14B) the treating physician states "I strongly feel we need to do injection of the right SI joint to see if this relieves his pain and if it does then the patient will be a candidate for SI joint fusion." ACOEM Guidelines, state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the clinical history documents EMG that showed a right S1 nerve dysfunction and has good correlation with subjective complaints, objective findings to indicate right central S1 radiculopathy and is an excellent candidate for the proposed surgical intervention. This patient has also failed multiple conservative therapies. The current request is medically necessary and the recommendation is for authorization.