

Case Number:	CM15-0043677		
Date Assigned:	03/16/2015	Date of Injury:	03/05/2013
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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:

The injured worker is a 61-year-old male, with a reported date of injury of 03/05/2013. The diagnoses include spondylolisthesis of the lumbosacral region, sacroiliac ligament sprain/strain, lumbar myofascial sprain/strain, and lumbar spinal stenosis. Treatments to date have included oral medications, and x-rays of the lumbar spine. The orthopedic re-evaluation report dated 02/09/2015 indicates that the injured worker stated that his cervical and lumbar spine condition was unchanged. He reported increased numbness in both upper extremities. An examination of the cervical spine showed tenderness of the bilateral paravertebral musculature, normal motor strength, decreased range of motion, and normal motor nerve function. An examination of the lumbar spine showed decreased range of motion, an antalgic gait, tenderness of the lumbar paravertebral musculature, tenderness of the sciatic notches, tenderness of the sacroiliac joints, and diminished sensation in the nerve distribution of bilateral L5. The treating physician requested one consultation with a spine specialist, as an outpatient for symptoms related to a lumbar injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Spine Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Independent medical examination and consultations. Chapter: 7 page 127.

Decision rationale: The patient presents with low back and neck pain with increased numbness in both upper extremities. The request is for Consult with Spine Specialist. The request for authorization is dated 02/11/15. The patient is positive Spurling's test. He is to continue home exercise program. He is to apply ice/heat to areas of discomfort as needed. He is to use over-the-counter non-steroidal anti-inflammatory drugs and analgesic as needed. Patient's current medications include Meloxicam and Nortriptyline. A urine sample was collected at the time of this visit. The patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: 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. Per progress report dated, 02/09/15, provider's reason for the request is "for low back and S.I. joint injection vs. facet block injection." It would appear that the current provider feels uncomfortable with the patient's medical issues and has requested a consult with a spine specialist. Given the patient's condition, the request for a consultation appears reasonable. Therefore, the request is medically necessary.