

Case Number:	CM15-0044952		
Date Assigned:	03/16/2015	Date of Injury:	04/23/2013
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
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: 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 injured worker is a 35 year old female, who sustained an industrial injury on 04/23/2013. She reported injury to her neck, lower back, right knee and right ankle. Treatments have included MRI, electrodiagnostic studies, epidural steroid injection and medications. Currently the injured worker complains of low back pain and radiating pain into her left hip and buttock. She also report right ankle pain. Diagnoses included lumbar degenerative disc disease with disc-osteophyte complex and herniated nucleus pulposus imping on left L4 and L5 nerve roots, lumbar radiculopathy, myospasm and myofascial trigger points, acute left sacroiliitis, depression, fatigue and stress from pain and depression consistent with vitamin B12 deficiency, fibromyalgia and right ankle pain. An Independent Medical Review is being completed for the request for a surgical consultation. On 03/03/2015, the injured worker was seen for an orthopedic surgery evaluation. The injured worker wanted to continue with conservative treatment. The provider noted that if conservative treatment fails, she may be a candidate for decompression at the L4-5 level with foraminotomies and excision of the disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Surgical Consult with [REDACTED] as outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. 1 Surgical Consult with [REDACTED] [REDACTED] as outpatient is not medically necessary.