

Case Number:	CM15-0052574		
Date Assigned:	03/26/2015	Date of Injury:	04/04/2014
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 27 year old male, who sustained an industrial injury on April 4, 2014. The injured worker reported back and ankle pain due to a fall. The injured worker was diagnosed as having right ankle fracture for permanent and stationary status. Radiology reports pertaining to the ankle were not submitted. An MRI scan of the lumbar spine revealed a small annular bulge at L4-5 without nerve root impingement. The disputed request is evaluation for permanent and stationary status for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent and Stationary evaluation with an orthopedic surgeon for the lumbar spine:
 Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Office Visits.

Decision rationale: ODG guidelines recommend office visits to the offices of medical doctors for evaluation and management of injured workers. They play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker is a 27-year-old male with a history of injuries to the low back and ankle resulting from a fall a year ago. The MRI scan of the lumbar spine dated 1/8/2015 revealed a bulging annulus at L4-5 without significant other pathology or evidence of nerve root impingement. An orthopedic consultation dated November 24, 2014 revealed diminished sensation in the lateral right thigh, right medial calf and dorsum of right foot. There was some motor weakness of foot dorsiflexors on the left side. The injured worker has been approved for a consultation for permanent and stationary status with regard to the ankle injury. The request for a consultation for permanent and stationary status for the low back injury is reasonable at this point and the medical necessity of the request is established. Therefore, the request is medically necessary.