

Case Number:	CM15-0053933		
Date Assigned:	03/27/2015	Date of Injury:	06/10/2008
Decision Date:	07/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/21/2015

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 male patient who sustained an industrial injury on 06/10/2008. The accident was described as a slip and fall with resulting injury. The injured worker fell onto the ground slipping from truck landing on his lower back. His immediate complaint was of low back and right shoulder problems. He did loose work time totaling nearly a year. He was evaluated and treated. A primary treating initial report dated 10/28/2014 reported chief orthopedic complaints of lower back pain along with neck pain and right shoulder pain. He feels that his condition has worsened with the compensable onset of sleeping difficulty, and anxiety/depression. He did undergo a lower back surgery on 06/03/2011. He described the pain as numbness into the lower back, and all extremities. Objective findings showed Phalen's positive on the right with all fingertips with paresthesia. There is diffuse right shoulder tenderness. He is diagnosed with: lumbar spine surgery and right shoulder strain. The plan of care noted the patient with recommendation for physiotherapy; undergo magnetic resonance imaging, and electro diagnostic nerve testing. He will also receive a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation with [REDACTED] for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG, Second edition (2004), Chapter 7, page 127 Consultation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The injured worker was seen by orthopedics on 12/2/14 for lumbar back pain. He is 3 years status post L4-S1 decompression and fusion. X-rays reveal no sign of instability and bone graft was in the correct position. The injured workers pain levels and functional level are unchanged. The injured worker has asked to see an orthopedic surgeon specifically for evaluation of back pain. There are no red flags on exam and per available documentation; he is not a surgical candidate at this time. The request for orthopedic consultation with [REDACTED] for the lumbar spine is determined to not be medically necessary.