

Case Number:	CM15-0060971		
Date Assigned:	04/07/2015	Date of Injury:	11/14/2013
Decision Date:	05/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/31/2015

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 57 year old male who sustained an industrial injury on 11/14/13 from a slip and fall involving his neck, low back, both lower extremities and right knee. He initially self-treated with Motrin and hot tub with minor relief and a few days later sought medical care. He was prescribed Motrin, x-rays. He was treated by multiple pain management doctors. He currently complains of moderate to severe low back pain with muscle spasms and progressively limited range of motion to the lumbar spine. He has pain radiating to the left leg with numbness, tingling and weakness. His pain intensity is 7/10. He has sleep difficulties and limited activities of daily living. Medications are Butrans patch, Dilaudid. Diagnoses include lumbar sprain/strain; lumbar paraspinal muscle spasms; lumbar disc herniation; lumbar radiculitis/radiculopathy of the left lower extremity. Treatments to date include MRI of the lumbar spine, lumbar spine x-rays, physical therapy, chiropractic manipulation, medications, and acupuncture. Diagnostics include lumbar MRI (11/3/14) abnormal; lumbar x-rays (undated). In the progress note dated 3/10/15 an orthopedic consult for the lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation for Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 127.

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.