MAXIMUS Federal Services

Case Number:	CM15-0080077		
Date Assigned:	05/01/2015	Date of Injury:	07/10/2012
Decision Date:	06/05/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 31 year old male who sustained an industrial injury on 7/10/13 involving a lifting incident resulting in a sharp pain in the low back. He initially received treatment (unclear as to what this was) but remained symptomatic. Three months later he had x-rays, was placed on temporary total disability and received chiropractic treatments, which offered mild, temporary relief. He currently (3/30/15) complains of continued throbbing low back pain with radiation to the mid-back with muscle spasms and bilateral lower extremities with tingling, numbness, weakness. His range of motion of the lumbar spine is limited. He also has pain over the bilateral buttock region radiating to the thighs with numbness and tingling. His pain level is 8/10. He has sleep difficulties as the pain worsens at the end of the day. His activities of daily living are limited in the areas of stair climbing, prolonged walking and normal activities. His medications are naproxen, cyclobenzaprine and Tramadol. Diagnoses include lumbar spine sprain/ strain, degenerative disc disease; multiple lumbar disc herniation's with signs of radiculitits/ radiculopathy of the lower extremities correlated with positive MRI results; severe sacroiliac joint inflammation with signs and symptoms of radiculitis/ radiculopathy to posterior and lateral thighs. He has been treated with medications; acupuncture and physical therapy with limited improvement; chiropractic treatments. An MRI dated 3/12/13 of the lumbar spine showed broad based disc protrusion, neuroforaminal narrowing, posterior annular tear/ fissure. In the progress note dated 3/25/15, the treating provider's plan of care notes pending second opinion for orthopedic consult. The orthopedic consult dated 9/9/14 indicated no treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult for lumbar spine (second opinion): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines, Chapter 7, page 503.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, who complains of low back pain, a previous orthopedic consultant from 9/9/14 suggested that no invasive treatment was needed. More recently (about 6 months later), with a report of persistent pain, there was a request for a second opinion with a different orthopedic physician. However, no explanation as to why a second opinion was being requested (reconsideration of injection, surgery, other reason). Also, insufficient physical findings were included in the recent note made available for review with only positive straight leg raise tests, but normal sensory and strength testing. No specific indication for referral was obvious in the documentation. Therefore, the request for orthopedic consultation is not medically necessary at this time.