

Case Number:	CM15-0082030		
Date Assigned:	05/05/2015	Date of Injury:	11/21/2014
Decision Date:	06/04/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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: Texas, New York, 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 applicant is a represented 66-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of November 21, 2014. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve a request for an orthopedic consultation/third opinion. The claims administrator referenced a RFA form of April 14, 2015 and an associated progress note of April 13, 2015 in its determination. On April 21, 2015, the applicant reported ongoing complaints of low back pain radiating into the right leg, severe. The applicant was seemingly given diagnosis of hip labral tear versus hamstring tendonitis versus hip strain versus lumbar radiculitis. Work restrictions and a second opinion orthopedic surgery consultation were proposed. On April 13, 2015, it was stated that the applicant still had severe complaints of low back pain radiating into the right leg and right thigh. The applicant was not working. The applicant had apparently consulted an orthopedist who had performed the hip corticosteroid injection. The applicant was asked to obtain a third opinion orthopedic consultation/referral to determine the source of his pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to secondary physician: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Yes, the request for referral to a secondary physician for a third opinion was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's primary and secondary treating providers seemingly suggested that there was some doubt as to the source of the applicant's pain complaints. The applicant had been given conflicting diagnoses of lumbar radiculopathy versus hip labral tear versus hamstring tendonitis. Obtaining the added expertise of another practitioner, thus, was indicated to formulate treatment options and/or help to determine the source of the applicant's pain complaints. Therefore, the request was medically necessary.