

Case Number:	CM14-0167890		
Date Assigned:	10/15/2014	Date of Injury:	10/14/2011
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 59 year old male who was injured on 10/14/2011. He was diagnosed with left shoulder impingement/labral and rotator cuff tear, bilateral carpal tunnel syndrome, lumbar disc degeneration, multi-level spondylolisthesis, lumbar facet arthropathy, and chronic low back pain. He was treated with left shoulder surgery, physical therapy, wrist braces, and medications. Nerve studies from 7/31/14 were suggestive of S-1 radiculopathy, which was confirmed on MRI from 8/1/2014 which showed degenerative disc disease at L5-S1 with foraminal stenosis. On 8/8/14, the worker was seen by his primary treating physician complaining of his low back pain with pain shooting into leg, but reported that his shoulder pain improved significantly after his surgery. Physical findings included lumbar spasm. Then he was recommended to see the spinal specialist based on the EMG (Electromyography) and MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine specialist evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, (2004), page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 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. In the case of this worker, there was a recommendation to see a spinal specialist. However, there was not sufficient evidence of an exhaustion of conservative treatments, which were not included in the reports available for review (physical therapy, medications, etc.). Without a clear report on all treatments that have been tried and failed or succeeded for his low back pain, seeing the spine specialist cannot be justified. Therefore, the spine specialist is deemed not medically necessary until this documentation is provided.