MAXIMUS Federal Services

Case Number:	CM14-0207135		
Date Assigned:	12/19/2014	Date of Injury:	09/05/2013
Decision Date:	02/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/10/2014

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 Practice, and is licensed to practice in California. 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:

This is a 44-year-old female claimant sustained a work injury on September 5, 2013 involving the neck and low back. She was diagnosed with lumbar spasms and disc protrusions of the cervical and lumbar spine. Her pain has been managed with Tylenol #3, Lyrica and Norflex. She previously seen in orthopedic surgeon recommended physical therapy. A progress note on October 22, 2014 indicated that claimant had persistent tenderness and pain in her back. Exam findings were notable for difficulty in flexing her lumbar spine. A request was made to follow up with orthopedic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Orthopedic Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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), Specialist, page 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when

the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case the claimant had previously seen an orthopedic surgeon. There was no indication for further follow-up. The most recent physical examination did not have any findings that would require a surgical consultation. The request therefore for an Orthopedic Surgical Consult is not necessary.