

Case Number:	CM14-0218076		
Date Assigned:	01/07/2015	Date of Injury:	09/25/2014
Decision Date:	03/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42 year old male who sustained a work related injury on 09/24/14. He reports back pain in the thoracic and lumbar spine. Diagnoses include muscle spasms of the back, and lumbar and thoracic sprain/strain. Treatments to date include chiropractic treatments and medications. In a progress note dated 11/25/14 the treating provider reports no restriction of range of motion in the back and no weakness in the back muscles. On 01/06/15 Utilization Review non-certified an orthopedic evaluation for the thoracic and lumbar spine, citing MTUS and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialty evaluation general ortho (thoracic/lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In this case, there is no clear documentation for the rationale for the request for an office visit for Ortho. The preliminary x-ray reading of the lumbar and thoracic spine were noted to be normal. It has also been reported that the patient had only completed 1 session of chiropractic treatment and thus had not completed conservative treatment. In addition, the requesting physician did not provide a documentation supporting the medical necessity for this visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Specialty evaluation general ortho (thoracic/lumbar spine) is not medically necessary.