

Case Number:	CM15-0010367		
Date Assigned:	01/27/2015	Date of Injury:	08/09/2001
Decision Date:	03/18/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/19/2015

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, 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 53 year old male, who sustained an industrial injury on August 9, 2001. He has reported lower back pain, right leg pain, and right shoulder pain. The diagnoses have included degeneration of lumbar/lumbosacral intervertebral disc, and disturbance of skin sensation. Treatment to date has included physical therapy, right total hip arthroplasty, epidural steroid injection, use of a cane, right knee surgery, medications, and imaging studies. Currently, the injured worker complains of continued lower back pain. The treating physician is requesting a referral to orthopedics. On January 13, 2015 Utilization Review non-certified the request for a referral to orthopedics noting the lack of documentation to support the medical necessity of the service. The MTUS chronic pain medical treatment guidelines and ACOEM Guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refer to Orthopedic [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter seven page 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 an ortho evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The provider did not give a justification for the follow up visit. There is no documentation of the reasons, the specific goals and end point for this consultation. Therefore, the request for Orthopedic visit is not medically necessary.