

Case Number:	CM15-0014644		
Date Assigned:	02/02/2015	Date of Injury:	03/19/2008
Decision Date:	03/27/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/26/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who reported an injury on 03/19/2008. The mechanism of injury was not specifically stated. The current diagnoses include status post multiple lumbar surgeries, headaches, and probable cervical radiculopathy. The injured worker presented on 11/14/2014. The injured worker utilized a single point cane for ambulation due to left leg pain. Previous conservative treatment includes chiropractic therapy, acupuncture, and physical therapy. The current medication regimen includes Norco 10/325 mg and Methoderm gel. The injured worker reported ongoing neck pain rated 7/10 with numbness and tingling in the bilateral upper extremities. The injured worker also reported low back pain with radiation into the bilateral lower extremities rated 8/10. Upon examination, there was an antalgic gait, diffuse tenderness to palpation of the cervical and lumbar spine, decreased sensation in the upper and lower extremities, 3+/5 motor weakness in the left lower extremity, positive straight leg raise on the left at 60 degrees, positive Slump test on the left, decreased patellar and Achilles reflexes on the left, and atrophy in the left thigh. Recommendations at that time included psychology and psychiatry followup visit as well as a general practitioner consultation. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GP Consultation due to fall: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, the injured worker reports ongoing neck and low back pain. The provider had requested a general practitioner consultation secondary to a previous fall. Given the injured worker's cervical and lumbar spine pain, there is no indication that this injured worker cannot be safely and effectively managed by a spine/orthopedic physician. It is also noted that the injured worker reports persistent headaches, and is currently evaluated by a neurologist. The medical rationale for a general practitioner consultation has not been established. Therefore, the request is not appropriate at this time.