MAXIMUS Federal Services

Case Number:	CM15-0115437		
Date Assigned:	06/23/2015	Date of Injury:	10/18/2013
Decision Date:	07/23/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 55 year old female, who sustained an industrial injury, October 18, 2013. The injured worker previously received the following treatments lumbar spine MRI, therapy and acupuncture decreased the pain temporarily. The injured worker was diagnosed with thoracic sprain/strain, lumbar sprain/strain, myospasms, lumbar radiculopathy, grade 1 retrolisthesis at L5-S1, lumbar spine disc desiccation and multilevel disc protrusion at L4-L5 5.7mm and 5.7mm L5-S1. According to progress note of May 8, 2015, the injured worker's chief complaint was low back pain. The injured worker rated the pain at 5 out of 10. The pain was worse with prolonged sitting, walking, walking up hills, bending or any type of lifting. The injured worker had therapy and acupuncture decreased the pain temporarily and I the injured worker was able to do more activities of daily living. The injured worker was complaining of the mediations causing increased sleepiness and constipation. The physical exam noted tenderness with palpation with spasms of the thoracic ad lumbar paraspinals. The injured worker had limited range of motion secondary to pain. The injured worker had positive root and straight leg rises. There was hypoesthesia of the left posterior thigh. The lower leg strength was 2 out of 5. The treatment plan included an orthopedic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Evaluation Qty: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for orthopedic evaluation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has a pending pain management consultation and there are no red flags suggestive of the need for orthopedic consultation before the patient is evaluated by pain management, as the results of that exam may obviate the need for additional specialty evaluation. In the absence of clarity regarding the above issues, the currently requested orthopedic evaluation is not medically necessary.