

Case Number:	CM15-0116556		
Date Assigned:	06/24/2015	Date of Injury:	10/20/1997
Decision Date:	07/31/2015	UR Denial Date:	05/14/2015
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: Pennsylvania, Ohio, California
 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 73 year old male who sustained an industrial injury on 10/20/1997. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar degenerative disc disease, lumbago, thoracic sprain and thoracogenic scoliosis. There was no documentation of previous surgical interventions. The injured worker was seen for an acute flare-up. According to the treating physician's progress report on May 6, 2015, the injured worker presented with low back pain flare-up with left leg weakness, numbness and tingling and difficulty getting in and out of his truck. Examination demonstrated decreased range of motion in all planes with normal dermatome testing. Deep tendon reflexes of the lower extremities were 1+brisk and equal for patellar and Achilles. Psoas and straight leg raise were positive and provoked low back pain. Left hip flexion was restricted by 50%. Iliotibial band was painful with mild pressure. Tenderness to palpation was demonstrated in the thoracolumbar and lumbar spinal regions with paraspinal muscles having 3+ rigidity, tautness and pain on palpation. Motor strength and tone was 4/5 on the left lower extremity and 5/5 on the right. The injured worker received treatment including manipulation, rehab exercises, traction and cryotherapy for the acute current flare-up at the office visit. Current medications were not documented. Treatment plan consists of an Orthopedic consultation times two and chiropractic consultation times two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Consult x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation Page 127.

Decision rationale: ACOEM supports a request for consultation if a patient has complex condition for which additional expertise may be helpful in patient management. However, these guidelines indicate that a first visit is termed a consult or evaluation, whereas further visits are termed office visits. Neither the medical records nor guidelines clarify a rationale for two consultations in the same specialty. Therefore, this request is not medically necessary.

Orthopedic Consult x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consult Page 127.

Decision rationale: ACOEM supports a request for consultation if a patient has complex condition for which additional expertise may be helpful in patient management. However, these guidelines indicate that a first visit is termed a consult or evaluation, whereas further visits are termed office visits. Neither the medical records nor guidelines clarify a rationale for two consultations in the same specialty. Therefore, this request is not medically necessary.