

Case Number:	CM15-0120378		
Date Assigned:	06/30/2015	Date of Injury:	06/02/2014
Decision Date:	08/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/22/2015

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 is a 40 year old male, who sustained an industrial injury on 6/02/2014. Diagnoses include lumbar disc disease. Treatment to date has included diagnostics, medications, physical therapy, modified work, injections, surgical intervention (decompression of the low back 10/31/2014), postoperative physical therapy and acupuncture. Magnetic resonance imaging (MRI) of the lumbar spine dated 6/04/2015 showed a 3mm paracentral and lateral disc protrusion at L5-S1 with associated enhancement, there is enhancement into the left epidural space surrounding the her S1 nerve root. Per the Primary Treating Physician's Progress Report dated 6/08/2015, the injured worker reported for follow-up evaluation of the lower back. Physical examination revealed limited range of motion in flexion, a positive straight leg raise on the left and he has difficulty with heel and tiptoe gait. There was no spasm or muscle guarding. The plan of care included, and authorization was requested, for consultation with an orthopedic spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedic spine specialist (lumbar/sciatica): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary online - Office visits.

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 spine consultation, 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 apparently has a pending consultation with pain management, the results of which may obviate the need for surgical evaluation. Furthermore, there are no identified red flags or another clear rationale for the requested consultation prior to the pending evaluation by pain management. In the absence of such documentation, the currently requested orthopedic spine consultation is not medically necessary.