

Case Number:	CM15-0129671		
Date Assigned:	07/16/2015	Date of Injury:	01/24/2014
Decision Date:	08/20/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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, Alabama, 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 30 year old male who sustained an industrial/work injury on 1/24/14. He reported an initial complaint of low back pain with tingling and numbness down both legs. The injured worker was diagnosed as having myoligamentous strain of the lumbar spine, decreased range of motion to the shoulders, rule out internal derangement with stiff shoulder syndrome. Treatment to date includes medication, physical therapy, and diagnostics. MRI results were reported on 1/8/15 that demonstrated disc bulges at L4-5 and L5-S1 with moderate bilateral degenerative facet changes resulting in mild bilateral neural foraminal stenosis. Currently, the injured worker complained of severe low back pain that is increased with sitting and standing. The pain radiates down to the lower extremities and feet. Per the primary physician's report (PR-2) on 5/27/15, exam notes a normal gait, no impaired range of motion, with strength at 5/5, no sensory deficits, with trace reflexes of knees and ankles, and positive straight leg raise. The requested treatments include Urology Consultation, Gastroenterologist Consult, and SleeQ Lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 Independent Medical Examination and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral 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 a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end for using the expertise of a specialist. The provider reported did not document the rational from using a urology specialist. Although the patient was reported to have blood in urine, there is no documentation supporting that the bleed is related to a primary urological problem. There is no pelvic physical examination or urinalysis for this patient. The requesting physician did not provide a documentation supporting the medical necessity for a urology evaluation. The documentation did not include the reasons, the specific goals and end for using the expertise of a specialist for the patient condition. The patient was reported to have stool bleed which may suggest a systemic cause of the bleed. Therefore, the request for Urology Consultation is not medically necessary.

Gastroenterologist Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 Independent Medical Examination and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral 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 a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end for using the expertise of a specialist. The provider reported did not document the rational from using a GI specialist. Although the patient was reported to have blood in his stool, there is no documentation supporting that the bleed is related to a primary GI problem. There is no abdominal physical examination or analysis of the stool for bleed for this patient. The requesting physician did not provide a documentation supporting the medical necessity for a urology evaluation. The documentation did not include the reasons, the specific goals and end for using the expertise of a specialist for the patient condition. The patient was reported to have urine bleed which may suggest a systemic cause of the bleed. Therefore, the request for Gastroenterologist Consult is not medically necessary.

SleeQ Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. The patient developed back pain on 2014 and there is no documentation of spine instability. Therefore, the request for SleeQ Lumbar brace is not medically necessary.