

Case Number:	CM15-0027019		
Date Assigned:	02/19/2015	Date of Injury:	10/29/2014
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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

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 46 year old female, who sustained an industrial injury reported on 10/29/2014. She has reported lower back and glute/tailbone pain. The diagnoses were noted to have included lumbar spine disc displacement; and disorder of the coccyx. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; and medication management. The work status classification for this injured worker (IW) was noted to be off work until 2/5/2015. Noted was the request for additional information and documents, dated 1/27/2015, that was noted to have not been received. The decision for non-certification was noted to have been due to not receiving clarification from the documents requested. On 1/30/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/22/2015, for a referral/consult with an orthopedist/spine specialist, for the lumbar spine, for non-clarification for this request. The American College of Occupational and Environmental Medicine, occupational medicine practice guidelines, consultations, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral/Consult with an Orthopedist/Spine specialist, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: This patient presents with low back pain and has a date of injury of 10/29/2014. The current request is for referral/consult with an orthopedist/spine specialist, lumbar spine. The American College of Occupational and Environmental Medicine, ACOEM second edition 2004 chapter 7 page 127 states that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinee's fitness for return to work. The utilization review denied the request stating that the history of documentation did not objectively support the request for orthopedic consultation. There is no evidence of focal neurological deficits for surgery for which surgery appears to be likely. MRI of lumbar spine dated 01/20/2014 documented disk herniation measuring approximately 8 mm in size at the L5-S1 level. In this case, the patient continues with low back pain with significant disk herniation as documented in the MRI of the lumbar spine. A consultation to an orthopedic specialist for further evaluation is supported by ACOEM Guidelines. This request is medically necessary.