

Case Number:	CM15-0046354		
Date Assigned:	03/18/2015	Date of Injury:	04/01/2010
Decision Date:	04/23/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 61 year old male with an industrial injury dated April 1, 2010. The injured worker diagnoses include joint pain shoulder, sprain of sacrum, lumbago and sciatica. He has been treated with diagnostic studies, prescribed medications, local block on the left side, and periodic follow up visits. According to the progress note dated January 13, 2015, the injured worker reported left low back pain with radiation to his left leg to the lateral border of the left knee. Objective findings revealed tenderness at L4-5 and L5-S1 left of midline and left lower back pain with lateral bending. The treating physician prescribed services for lumbar consultation now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Consultation with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: In this case the request is for referral to an orthopedic surgeon. Referral for surgical consideration is indicated for patient who have 1) severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, 2) activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, 3) clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair or 4) failure of conservative treatment to resolve disabling radicular symptom. In this case there is no documentation that the patient has a lesion that will benefit from surgical intervention. In addition the patient is already being treated by an orthopedic surgeon. There is no medical necessity for referral to an orthopedic surgeon. The request should not be authorized and is not medically necessary.