MAXIMUS Federal Services

Case Number:	CM15-0070058		
Date Assigned:	04/17/2015	Date of Injury:	10/21/2012
Decision Date:	05/21/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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 41 year old female, who sustained an industrial injury on October 21, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. She reported low back pain radiating down the right leg. The injured worker was diagnosed as having two-level lumbar disc protrusion, lumbar radiculitis, neck, mid back, right hand, shoulder, and left knee pain. Diagnostics to date has included an MRI and CT. Treatment to date has included work modifications, physical therapy and chiropractic therapy without much relief, lumbar epidural steroid injection with relief, and oral pain, IV pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On March 17, 2015, the injured worker complains of continued neck, mid-upper back, right hand, shoulder, and left knee pain. She complains of headaches. She is unable to exercise, has severe limitations with household chores, and is unable to run or lift heavy objects. The physical exam revealed limited lumbar range of motion, sitting is uncomfortable, and pain with palpation of the lumbar spine at the levels lumbar 3-sacral 1. The treatment plan includes neurology consultation for headaches and second surgical opinion for the lumbar spine. She has not work since 2013 as her employer does not have modified duty for her.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 306. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7, Independent Consultations, pg 127; Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. However, in this case, the submitted documentation does not contain sufficient rationale for why neurology consultation is sought or is needed. Therefore, this request is not medically necessary.

Second surgical opinion for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 306. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7, Independent Consultations, pg 127; Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. The patient in this case has continued lower extremity radicular symptoms and low back pain that has been chronic. An epidural injection was helpful in reducing the pain. The patient had apparently opted for non-surgical intervention despite being offered discectomy as a treatment option in December 2014. At the present time, it is unclear how a second surgical opinion would affect management given the decision to proceed with non-operative management.