

Case Number:	CM15-0074526		
Date Assigned:	04/24/2015	Date of Injury:	11/18/2013
Decision Date:	06/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: Family Practice

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 44-year-old male, with a reported date of injury of 11/18/2013. The diagnoses include lumbar radiculopathy, low back pain, and lumbar disc displacement. Treatments to date have included chiropractic treatment, lumbar epidural steroid injection, and an MRI of the lumbar spine. On 02/25/2015, it was noted that there were no known current medications. The progress report dated 02/25/2015 indicates that the injured worker complained of low back pain. He stated that the pain did not radiate and denied any leg weakness. He also complained of limited low back motion. The injured worker rated the pain 5 out of 10. The objective findings include a normal gait, full weight bearing on both lower extremities, loss of lumbosacral lordosis, spasms of the paravertebral musculature, restricted range of motion of the back, and positive straight leg raise test. The treating physician requested transfer of care to a spine surgeon for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to a spine surgeon, lumbar spine, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) consultation.

Decision rationale: According to guidelines, it states a consultation with another specialty is needed only if the diagnosis or treatment differs from the one given from the treating physician. According to the medical records, there is no indication why transfer of care is needed. Based on this it is not medically necessary.