

Case Number:	CM15-0078760		
Date Assigned:	04/29/2015	Date of Injury:	03/13/1998
Decision Date:	05/29/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/24/2015

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

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 sustained an industrial injury on 03/13/1998. She reported inuring her lower back. The injured worker is currently diagnosed as having T8 burst fracture; T7 burst fracture, T12 compression fracture, status post lumbar fusion, degenerative disc disease of the lumbar spine with radiculopathy, left knee internal derangement, right lumbar radiculopathy, and right sacroiliitis. Treatment and diagnostics to date has included lumbar fusion, cervical spine MRI, thoracic spine MRI, lumbar spine MRI, bone scan, and medications. In a progress note dated 04/01/2015, the injured worker presented with complaints of neck, mid-back, and low back pain. The treating physician reported requesting authorization for an orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 General Orthopedic Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, the records show that there is already an orthopedic surgeon whom the worker had seen in the past and there was insufficient explanation as to why a second orthopedic consultant was needed. Without significant supportive evidence and explanation to justify this request, it will be regarded as medically unnecessary at this time.