

Case Number:	CM15-0079522		
Date Assigned:	04/30/2015	Date of Injury:	06/21/2013
Decision Date:	06/02/2015	UR Denial Date:	04/07/2015
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female who sustained an industrial injury on June 21, 2003. Previous treatment includes chiropractic therapy, medications and exercise. Currently the injured worker complains of back pain which she rates a 5 on a 10 point scale. She reports radiation of pain, numbness and weakness down the right leg to the foot. Diagnoses associated with the request include lumbar disc herniations of L4-5 and L5-S1, possible lumbar radiculopathy and facet arthropathy of the lumbar spine. Her treatment plan includes Lidopro topical ointment, general orthopedic follow-up, chiropractic therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic follow-ups for right hip and pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The injured worker sustained a work related injury on June 21, 2003. The medical records provided indicate include right trochanteric bursitis; Right SI joint dysfunction; lumbar disc herniations of L4-5 and L5-S1, possible lumbar radiculopathy and facet arthropathy of the lumbar spine. Previous treatment includes chiropractic therapy, medications and exercise. The medical records provided for review do not indicate a medical necessity for orthopedic follow-ups for right hip and pelvis. The medical records of 12/12/2014 indicate the injured worker had been treated by an orthopedist (his name was stated in the report) who advised her to return for a follow up appointment as needed for the right hip and sacroiliac joint problems. At this time, the treating orthopedic spine specialist wishes the injured worker have a follow up with the orthopedist who was treating her for the hip and sacroiliac joint areas; but the request was denied by the utilization review doctor who believes that the orthopedic spine specialist is qualified to attend to the affected areas of the body. The MTUS requires the clinician to acts as the primary case manager and provides appropriate medical evaluation and treatment and while adhering to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Therefore, since the case is no longer in the acute phase and the recommendation of the general orthopedist is to have a follow up as needed, the referral to the general orthopedist is not medically necessary since the injured worker is already being treated by an orthopedist who also has a specialist training.