

Case Number:	CM13-0044488		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2002
Decision Date:	02/25/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 38-year-old female with 2/9/02 date of industrial injury. According to the 10/2/13 (13) attending physician report the patient presented to the office with a flare-up to her neck and lower back with pain and stiffness. Records indicated that the patient had no new trauma and that the symptoms developed gradually. Over the counter medication does seem to be helping but not long term. Neck pain was graded 7/10 and low back pain 8/10. Physical exam noted slow and guarded gate. Deep tendon reflexes were hyperactive in the upper and lower extremities. Motor and sensory exam is intact. She is able to heel and toe walk. Cervical range of motion is limited, and there is tenderness in the trapezius and levator scapulae muscles more pronounced on the right. Trigger points are noted. Foraminal distraction and Barre-Leiou's sign is positive. Lumbar range of motion is mildly restricted. Sitting SLR is positive on the left both seated and supine. Bilateral leg raise and valsalva are positive. Iliac compression test is positive. Motor and sensory are intact. He recommended two sessions of chiropractic treatment for four weeks to include therapeutic exercise, manipulation muscle stimulation, and myofascial release. There was no mention of orthopedic referral. The current diagnoses are: 1. Cervical spine sprain 2. Lumbar spine sprain 3. Lumbar intervertebral disc syndrome with sciatica 4. Post-surgical low back 2004 The utilization review report dated 10/22/13 denied the request for orthopedic consultation with [REDACTED] for the lumbar spine based upon lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), 2ndEdition, (2004) Chapter 7, page 127

Decision rationale: The patient presents with a flare-up of neck and back pain and stiffness. The current request is for Orthopedic Consultation for lumbar spine. ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the attending physician discusses his treatment plan which involves acute care and rehabilitative exercise which is appropriate. He fails to provide any discussion as to why he may need to refer this patient for an orthopedic consultation prior to determining if his treatment plan is beneficial. There is no discussion of referral in his progress note. There is nothing in the records which would justify the need for orthopedic referral in this case. As such, the request is not medically necessary.