

Case Number:	CM13-0015162		
Date Assigned:	03/26/2014	Date of Injury:	04/13/2010
Decision Date:	05/20/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 clinical follow-up report dated August 19, 2013 with pain management physician [REDACTED] indicated the claimant was with interval complaints of pain about the low back as well as neck. Specific to the low back, it states she has been under the care of orthopedic physician [REDACTED] who recommended the claimant undergo a two level lumbar fusion at the L4-5 and L5-S1 level. He had recommended a referral for a second opinion to [REDACTED] for consultation regarding surgical purposes. He indicated the claimant is with neurologic deficits on examination including motor, sensory and a reflexive change at the Achilles tendon. He indicates that this request had previously been denied by Utilization Review, but he was appealing the decision for a second orthopedic opinion for potential need of operative intervention with referral to [REDACTED] for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC EVALUATION WITH [REDACTED]: Overturned

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

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), CHAPTER 7
INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE 127.

Decision rationale: Based on California ACOEM Guidelines, the referral for [REDACTED] for orthopedic assessment would be supported. This individual is with current diagnosis of spondylolisthesis that has failed conservative care and continues to be symptomatic in terms of motor, sensory and reflexive change. The role of further orthopedic intervention in this individual who continues to be symptomatic on examination with positive imaging would be supported as medically necessary.