

Case Number:	CM13-0019168		
Date Assigned:	10/11/2013	Date of Injury:	01/04/1996
Decision Date:	01/24/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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 physician 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:

This patient is a 59 year old female with date of injury 1/4/96. The mechanism of injury is not described. The patient has had chronic back pain and has been treated with surgery, physical therapy and medications. A CT scan of the lumbar spine performed 07/2013 showed evidence of a prior laminectomy with disc replacement at the L3-L4 level as well as anterior/posterior fusion at L4-S1. A venous duplex ultrasound performed 01/2013 was negative for lower extremity thrombosis and negative for venous insufficiency. The objective of 04/2013 was normal gait and all pulses were normal. The diagnosis is lumbar spine degenerative disc disease. The treatment plan and request is a vascular surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascular surgeon consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement, Thromboembolic Prophylaxis for Adult Hospitalized Patients Recommendation Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This 59 year old female has chronic back pain and has been treated with surgery, physical therapy and medications. There are no provider notes documenting the

reasoning for request for obtaining a vascular surgical consultation. No provider reports document physical abnormalities to suggest that a vascular consultation may be indicated and prior vascular studies performed 01/2013, venous duplex of the lower extremities, were negative. On the basis of this lack of documentation of provider clinic rationale for obtaining this consultation, a vascular surgery consultation is not indicated as medically necessary.