MAXIMUS Federal Services

Case Number:	CM13-0019731		
Date Assigned:	11/08/2013	Date of Injury:	09/04/2000
Decision Date:	08/01/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

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 Neurological Surgery and is licensed to practice in Texas & Michigan. 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 injured worker is a 44 year old female who sustained an injury to her low back on 09/04/00 due to cumulative trauma while performing her usual and customary duties as a transit signal operator. The injured worker developed back and right leg pain. A magnetic resonance image was obtained and was negative for acute change. Electrodiagnostic studies of the right lower extremity were also obtained and were negative. The injured worker was unable to tolerate regular duty. Treatment to date has included activity modifications, work restrictions, acupuncture, medications, and physical therapy. The clinical note dated 07/22/13 reported that the injured worker continued to complain of low back pain at 8/10 on visual analog scale. The injured worker was recommended for aquatic therapy and acupuncture. The injured worker was referred to a spine surgeon to explore epidural steroid injections and other pain management options.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH SPINE SURGEON PER 7/22/13 REPORT: 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 Official Disability Guidelines (ODG) Pain chapter, Office visits.

Decision rationale: The previous request was denied on the basis that there was no documentation of changes in the injured worker's condition, new symptomatic complaints, or objective neurological findings corroborated by diagnostic studies suggestive of lumbosacral surgical pathology. The injured worker was referred for assessment of epidural steroid injections and other pain management options. There was no indication at the time of referral that the injured worker had failed conservative treatment, as the treating physician prescribed acupuncture and aquatic therapy the same day of the referral. Given this, the request for consultation with a spine surgeon per 07/22/13 report is not indicated as medically necessary.