

Case Number:	CM13-0036575		
Date Assigned:	12/13/2013	Date of Injury:	09/16/2007
Decision Date:	11/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 California. 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 patient is a 40 year old female who was injured on 09/16/2007 when she was pushed from behind causing her to fall to her floor landing on her buttocks. The patient underwent anterior lumbar fusion at L4-L5 on 06/28/2010. Prior treatment history has included physical therapy, chiropractic, acupuncture therapy and cervical injection. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/05/2011 revealed L4-5 interbody fusion with placement of tumor or tingling the cages. There is no evidence of recurrent disc protrusion, cage displacement, or epidural fibrosis. EMG of the bilateral lower extremities revealed acute moderately severe radiculopathy of the left lower extremity. Progress report dated 07/18/2014 states the patient presented with low back pain and bilateral hip pain. She reported severe pain in her left low back which she describe as stabbing pain. The SI injection that she received on 05/14/2013 did not provide any relief. On exam, lumbar extension was 10 degrees; flexion at 40 degrees. She had a positive straight leg raise. The lumbar spine also revealed spasm and guarding with severe trigger points in the left lumbar paraspinal musculature. The patient was diagnosed with neck pain, shoulder pain; pain in limb, and lumbar disc displacement without myelopathy. The patient was recommended for a surgical consult with [REDACTED] as the patient requested to be seen by another surgeon as a previous surgeon did not recommended further surgery. Prior utilization review dated 10/04/2013 states the request for a surgical consultation is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

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 pages 503-524

Decision rationale: CA MTUS ACOEM Guidelines, 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 patient underwent anterior lumbar interbody fusion at L4-L5 with persistent chronic back pain and radiculopathy. However, the imaging studies did not demonstrate any lesion that would require surgical intervention and AME as well as second opinion both stated that this patient is not a candidate for further surgical intervention. Therefore the request for surgical consultation is not medically necessary based on guidelines and lack of documentation.