

Case Number:	CM13-0039461		
Date Assigned:	12/18/2013	Date of Injury:	06/13/1996
Decision Date:	02/10/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/28/2013

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 Orthopaedics and is licensed to practice in New York. 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:

Patient is an 81-year-old female who is chronic low back pain. She reports aching in stiffness and spasming of her low back. She indicates extension worsens the pain. She also has a history of knee pain and incontinence. She's had ongoing care regarding her back pain and disability associated with a June 14, 1996 back injury. The patient has had 4 previous back surgeries and now has multiple laminectomy defects and lumbar spine with chronic back pain. The patient is taking multiple medications for her back pain to include Cymbalta OxyContin. Her past medical history reveals heart problems and hypertension. On physical exam, she has normal neurologic function with respect to her bilateral lower extremities with the exception of decreased sensation in the L5 and L4 dermatomes bilaterally. She has painful range of back motion. Straight leg raising is positive on the left side at 45° with pain radiating to the left buttocks. Flexion-extension x-rays of lumbar spine show multiple levels of disc degeneration with no evidence of instability. There is post laminectomy defects at L3-L4 and L5. The multiple levels of degenerative disc condition present. MRI performed in August 2013 show anterior listhesis of L2 on L3 and L3 and L4. He has performed at the L2-3 through L5-S1 levels. There is no central canal stenosis at this level. No significant spinal stenosis identified. The patient's diagnosis include chronic back pain status post 4 surgeries with poor outcomes. She also has chronic knee pain in that knee replacement surgery. The patient is indicated that she is not interested in participating in a functional restoration

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation neurosurgeon: Upheld

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

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

Decision rationale: The patient does not meet criteria for referral to a neurosurgeon for surgical consultation. The patient is 81 years old and has had multiple lumbar surgeries. The patient has imaging studies that did not show any evidence of significant instability or spinal stenosis in the lumbar spine. The patient does not have a specific radiculopathy on physical examination. Given the fact that the patient has no demonstrable spinal stenosis on MRI imaging, no instability on flexion-extension lumbar imaging, and no demonstrable specific radiculopathy in the bilateral lower extremities, she is not a candidate for surgical treatment of her multiply operated degenerative lumbar spine. In addition, the patient has stated that she's not interested in participating in a functional restoration program at this time. This patient has chronic back pain condition with obvious postlaminectomy back pain syndrome. Red flag indications for spinal surgery are not present in the medical records. The patient is not a candidate for additional surgical treatment based on the information in the medical records. Additional neurosurgical consultation at this time is not medically necessary. Guidelines for neurosurgical consultation are not met.