

Case Number:	CM13-0043193		
Date Assigned:	12/27/2013	Date of Injury:	06/27/2000
Decision Date:	03/20/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational Medicine 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 27, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; MRI imaging of the cervical and lumbar spines of April 2013, and apparently notable for multilevel neuroforaminal stenosis and spondylolytic degenerative changes of uncertain clinical significance. In a utilization review report of October 21, 2013, the claims administrator denied a request for a neurosurgery consultation, citing non-MTUS Third Edition ACOEM Guidelines, despite the fact that the MTUS does address the topic. The applicant's attorney subsequently appealed. An earlier note of August 8, 2013 is notable for comments that the applicant reports persistent pain and anxiety with medications. She is having low back pain issues. She is also having depressive symptoms. She exhibits an antalgic gait. The applicant is still smoking and apparently has done so since age 15. OxyContin, Norco, and Xanax are endorsed. The applicant is asked to obtain a neurosurgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One consultation with Neurosurgeon for surgical evaluation related to neck and low back symptoms, as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders and Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which proved recalcitrant to conservative management should lead a primary treating provider to reconsider the operating diagnosis and decide whether a specialist evaluation is necessary. In this case, the applicant does have longstanding low back and neck issues. Obtaining the added expertise of a neurosurgeon who can definitively ascertain whether or not the applicant is a surgical candidate is indicated and appropriate. Therefore, the request is certified, on independent medical review.