

Case Number:	CM13-0053533		
Date Assigned:	12/30/2013	Date of Injury:	08/07/2000
Decision Date:	03/10/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a 46-year-old who was injured on 8/7/2000. He has been diagnosed with lumbar DDD (degenerative disc disease) and facet arthropathy and severe foraminal stenosis at L3/4 and L2/3; radiculopathy of the bilateral lower extremities; urologic incontinence; cervical spondylosis; reactionary depression/anxiety; medication induced gastritis; and xerostomia with multiple caries, secondary to chronic narcotic use. According to the 1/3/14 pain management report from [REDACTED], the patient had a functional refractory period (FRP), but failed to reduce his medications. He had surgery offered by two orthopedic surgeons, but he was declined, until recently. He would like a neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A second opinion surgical consult with Dr. Nitin Bahtia at UCI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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

Decision rationale: The Physician Reviewer's decision rationale: The 11/4/13 appeal from [REDACTED] states the patient initially declined surgical intervention, and was placed in the FRP. He made minimal improvement in the FRP and complained of worsening weakness in both legs and increase lower back pain. He complains of pain when he tries to move his legs. [REDACTED] recommended placing the FRP on hold and sending him for spinal surgery evaluation. The patient apparently saw two orthopedic spinal surgeons who both offered surgical intervention. The patient declined and wanted to try the conservative FRP. He did not progress in the FRP and now the request is for a neurosurgical consultation. There is apparently a surgical lesion, as noted by the orthopedic spinal surgeons. A 2nd opinion from a neurosurgeon appears consistent with the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines for consultations. The ACOEM Practice Guidelines states a referral can be made to other specialists " when the plan or course of care may benefit from additional expertise." The request for a second opinion surgical consult with [REDACTED] at [REDACTED] is medically necessary and appropriate.