

Case Number:	CM13-0064372		
Date Assigned:	02/24/2014	Date of Injury:	05/04/1992
Decision Date:	05/22/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/08/2013

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 claimant is a 63-year-old female injured in a work-related accident on May 4, 1992. Records provided for review includes a February 25, 2014, IMR report by [REDACTED], board-certified orthopedic surgeon. This report documents that the claimant has continued complaints of low back pain and had multiple prior surgeries to the L5-S1 level, including a lumbar fusion and subsequent surgical hardware removal. The reviewed records reference no formal physical examination findings and contain no reports of imaging studies of the claimant's lumbar spine. Orthopedic spine consultation or pain management consultation were recommended to evaluate and treat the claimant's ongoing complaints. This review addresses the request for orthopedic spine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ORTHO SPINE CONSULT AND TREATMENT FOR THE LUMBAR SPINE WITH [REDACTED], AS AN OUTPATIENT: Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, an orthopedic spine consultation would not be indicated in this case. The reviewed records contain no current physical examination findings or imaging studies to support the need for surgical intervention. This individual has undergone at least two prior surgical processes to the L5-S1 level. Absent objective findings that indicate a significant change in status or imaging studies that identify a surgical lesion, this request for orthopedic spine consultation and treatment would not be medically necessary.