

Case Number:	CM13-0071328		
Date Assigned:	01/08/2014	Date of Injury:	04/12/2011
Decision Date:	09/17/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/27/2013

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 Vascular 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 56 year old male who was injured on 04/12/2011 when a metal part fell from mold and hit him on the right elbow, right under arm causing him to lift from the ground, twisting his upper and lower back, right shoulder, ris, upper/lower back and left hip pain. The patient underwent GIF Olympus Video of upper GI endoscope dated 05/21/2013. Prior medication history included lisinopril, hydrochlorothiazide, Tramadol, and Zanaflex. On note dated 10/14/2014, the patient presented for his injuries to his neck and lower back. On exam, he has pain in his neck and pain on cervical range of motion with associated spasm across the paracervical muscles. The pain radiated to both upper extremities across the C6-C7 distribution with associated numbness across both C6-C7 distribution. Muscle strength revealed 5/5 bilaterally in all major nerve distributions. The lumbar spine revealed moderate pain across the low back and the pain radiates to the left lower extremity across the L5 distribution. There is decreased sensation across the left L5 distribution. The paraspinal muscles are symmetrical without swelling. Straight leg raise is negative in sitting position as well as supine position. Diagnoses are cervical strain; cervical disc bulging predominantly at C5-C6 and C6-C7; lumbar discogenic disease at L4-L5, and L5-S1; lumbar annular tear at L4-L5 level; retrolisthesis grade I at L5-S1 level. The patient is recommended for a vascular consultation. There are no diagnostic studies available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCULAR CONSULTATION FOR ANTERIOR EXPOSURE (LOW BACK):

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 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), 2ndEdition, (2004), Chapter 7, Independent Medical Examinations And Consultations.

Decision rationale: It is appropriate as part of preoperative patient lumbar spine instrumentation surgery via an anterior approach that vascular surgery consultation be obtained since the vascular surgery will be performing the anterior spine exposure at the appropriate disc space levels. The CA MTUS ACOEM Guidelines, Chapter, page indicate that referral to specialist involved in complex procedure such as spine fusion and instrumentation is appropriate and indicated. My review of the patients medical record and correspondence indicates a planned lumbar spine surgery via an anterior approach. The review for procedure authorization was in error and stated "as surgical intervention is not deemed necessary, pre-operative vascular consultation is also not necessary". Therefore, I recommend overturn of the authorization decision based the consultation guideline: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medicalstability, 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 instance, the vascular surgeons will be assuming full responsibility for the anterior spine exposure and should see the patient prior to the planned procedure to address any issues relevant to a retroperitoneal surgical exposure. As such, the request is medically necessary.