

Case Number:	CM13-0072747		
Date Assigned:	05/07/2014	Date of Injury:	06/09/2004
Decision Date:	08/13/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 45-year-old male who reported an injury on 06/09/2014 with an unknown mechanism. The injured worker has a history of low back pain. The exam on 01/02/2014 revealed therapeutic injection continued to have low back pain at a rate of 9/10. The pain was more at night. The injured worker was taking Vicodin 5/500 mg; however, it was not helping to manage his pain. The pain increased with cold weather, standing and walking greater than 15 to 20 minutes. The injured worker admitted to having stiffness and frequent spasms as well as numbness and tingling. The injured worker admitted to having difficulty changing position from sitting to standing due to increased pain. The injured worker managed to do chores. The injured worker admitted to feeling depressed at times due to chronic pain that has decreased functionality during the day. The injured worker was seen by a spine specialist who recommended possible surgery involving L4 to L5 anterior lumbar interbody fusion. Prior treatments included TENS unit, and medication. The injured worker had a diagnosis of low back pain with referred pain to the legs, right greater than left due to possible right L4-5 radiculopathy that is current which did not respond to right L5 epidural injection or L4-5 laminectomy. Diagnostic studies included an MRI in 2011 that demonstrated degenerative disc disease and postsurgical changes at L4-5 with mid mild left and moderate right neural foraminal narrowing and obliteration of the perineural fat at the cephalic aspect of the neural foramina. The request for authorization was dated 01/03/2014. The request is for prospective for 1 urologist consult and prospective request for unknown spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 UROLOGIST CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease, office visit.

Decision rationale: The prospective request for 1 urologist consultation is not medically necessary. The injured worker has a history of back pain. There was older documentation stating the injured worker had blood in the urine one time. There is no evidence of a second urine test being taken. The Guidelines state if a dipstick is positive for blood, the findings must be confirmed with a fresh urine sample after a couple of days. Also there is insignificant documentation that there have been any other occurrences to warrant a consult with an urologist. As such, the prospective request for 1 urologist consultation is not medically necessary.

PROSPECTIVE REQUEST FOR UNKNOWN SPINE SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Surgery.

Decision rationale: The prospective request for unknown spine surgery is not medically necessary. The injured worker has a history of low back pain. The Official Disability Guidelines state an overview of common surgical recommendations by diagnosis of no surgery for back sprains or strains. The request does not give a specific spine surgery. Therefore, the prospective request for unknown spine surgery is not medically necessary.