

Case Number:	CM14-0150375		
Date Assigned:	09/18/2014	Date of Injury:	02/12/2012
Decision Date:	10/21/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 50-year-old female who reported an injury on 02/12/2012 due to a slip and fall. On 05/01/2014, the injured worker presented with pain in her lower back and left lower extremity. Upon examination of the lumbar spine there was muscle spasm and tenderness in the bilateral lumbosacral spine. There was guarding present and some asymmetric loss of motion and flexion. There was a positive left side straight leg raise. The injured worker had a previous spinal surgery. There is an x-ray of the lumbar spine dated 02/19/2013 that noted L4-5 anterolisthesis with instability on flexion and extension. Diagnoses were L4-5 grade 1 spondylolisthesis, L4-5 herniated intervertebral disc, and status post anterior/posterior L4-5 arthrodesis with L4-5 discectomy. The provider recommended a consultation with a spine surgeon; the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with spine surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7 Independent Medical Evaluations and Consultations, 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), updated guidelines, Chapter 6, page 163

Decision rationale: The request for a consultation with a spine surgeon is not medically necessary. The ACOEM Guidelines state a consultation is intended to aid in assessing the diagnosis, prognosis, or therapeutic management, or determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. There is no clear rationale to support the need for a consultation. Additionally, there is a lack of documentation on how a consultation will help the provider derive a treatment plan or goals for the injured worker. As such, medical necessity has not been established.