

Case Number:	CM14-0177300		
Date Assigned:	10/30/2014	Date of Injury:	08/19/2004
Decision Date:	12/10/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/27/2014

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 Surgery, has a subspecialty in Spin Surgery and is licensed to practice in New Jersey. 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 57 year old female who reported an injury on 08/19/2004. The mechanism of injury was a motor vehicle accident. Her diagnoses were noted to include lumbar discogenic disease with radiculopathy and chronic low back pain. Her past treatments were noted to include injections, surgery, physical therapy, acupuncture and medication. Her diagnostic studies were noted to include an MRI of the lumbar spine on 09/03/2014, which revealed multilevel disc degenerative and bilateral neuroforaminal narrowing at the L3-4 and L4-5 levels. During the evaluation on 09/18/2014, the injured worker complained of severe low back pain. The physical examination of the lumbar spine revealed spasms with painful limited range of motion, positive Lasegue's test, and positive straight leg raises bilaterally. There was tenderness to palpation across the lumbar spine, and increased radicular pain with range of motion. Her medication was noted to include Percocet, Flexeril, Gabapentin, Naproxen, Temazepam and Cymbalta. The treatment plan was to continue with medication, proceed with lumbar fusion from L4-S1, and request for a consultation with a vascular surgeon. The rationale for the vascular surgeon consultation was to clear the injured worker for the anterior portion of the lumbar fusion surgery due to the anterior complexity of the surgery. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascular surgeon consultation: Upheld

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 Official Disability Guidelines (ODG) Low Back, Office Visits

Decision rationale: The request for a vascular surgeon consultation is not medically necessary. The rationale for the vascular surgeon consultation was to clear the injured worker for the anterior portion of the lumbar fusion surgery due to the anterior complexity of the surgery. The Official Disability Guidelines recommend evaluation and management outpatient visits to the offices medical doctors. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Due to the complexity of the recommended surgery, a vascular surgeon consultation may be warranted. However, the submitted documentation did not include evidence that the recommended surgery has been approved. In the absence this documentation, the request is not supported. As such, the request is not medically necessary.