

Case Number:	CM14-0022560		
Date Assigned:	05/07/2014	Date of Injury:	04/06/2011
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational Medicine, 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents/topical compounds; earlier cervical fusion surgery; a walker; and extensive periods of time off of work. In a Utilization Review Report dated February 7, 2014, the claims administrator denied a request for an anterior-posterior lumbar decompression and fusion surgery. A variety of derivative requests, including an internal medicine consultation, were likewise denied. Non-MTUS Chapter 7 ACOEM Guidelines and a variety of non-MTUS-ODG Guidelines were cited but not incorporated into the body of the report rationale. In an April 18, 2014 progress note, the applicant was described as reporting persistent low back pain. The applicant is given refills of Naprosyn, Norco, Soma, and Ultracet and placed off of work, on total temporary disability. The remainder of the file was surveyed. There was no mention made or evidence provided to defect that the applicant ever underwent the surgical remedy in question, although it was noted on January 10, 2014 that the internal medicine evaluation/consultation was being pursued on the grounds that the applicant had issues with smoking and that smoking cessation should be encouraged perioperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Evaluation and Management.

Decision rationale: The MTUS does not address the topic. While the Medscape article in Preoperative Evaluation and Assessment, in this case, however, there is no evidence that the applicant in fact underwent the contested surgical procedure in question. The applicant did not appear to have undergone the surgery in question, which was reportedly denied by the claims administrator. Therefore, the request is not medically necessary. The request for internal medical clearance is not medically necessary or appropriate.