

Case Number:	CM14-0023792		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2012
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopedic Spine Surgery and is licensed to practice in New York. 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 has a flare-up of chronic low back pain. The patient reports experiencing chronic low back pain. The pain is reported as 5/10 without medications. Patient had lumbar epidural steroid injection with improvement. Patient has been taking NSAID medication. A TENS unit is helping with the pain. The physical examination shows difficulty with sitting to standing maneuver. Patient has a slow and cautious gait. There myofascial trigger points in the lumbar paraspinal muscles and hip girdle muscles. Palpation produces much of the symptoms. Neurologic examination is normal. The patient has been totally disabled since the injury. At issue is whether referral to a spine surgery specialist is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO ORTHOPEDIC SPINE SURGEON FOR SPINE SURGERY

EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 194-195. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - LOW BACK PROCEDURES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines Chapter 12 pages 194-5.

Decision rationale: This patient does not meet criteria for referral to a spine surgeon at this time. Specifically, the patient's neurologic examination is normal. There is not adequate documentation of a trial and failure of conservative measures to include 3 months of physical therapy. The patient has no red flag indicators for spinal surgery such as fracture, tumor, or progressive neurologic deficit. An adequate trial of conservative measures is medically necessary at this time. Referral to a spine surgeon is not medically necessary.