

Case Number:	CM14-0048081		
Date Assigned:	07/02/2014	Date of Injury:	12/20/2005
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/16/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 63 year old male employee with a date of injury of 12/20/2005. A review of the medical records indicates that the patient is undergoing treatment for left lumbosacral radiculitis and degeneration of lumbar intervertebral disc. Subjective complaints include chronic low back pain with bilateral lower extremity radiation. Objective findings include tenderness over paraspinal muscles overlying the facet joints, trigger points noted over lower paraspinal, and 1+ muscle spasm noted over lower paraspinal. The Range of motion of the lumbar spine was normal but a positive straight leg raise was noted (left side at 30 degrees). Treatment has included daily use of OxyContin reduced from 40mg 3 times per day to 20mg 3 times per day. The patient was to begin an opioid detoxification program on 2/18/2014. Other medications were Cymbalta 60mg, Gabapentin 300mg, Oxycodone 15mg and OxyContin 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consultation with a spine surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-301.

Decision rationale: The ACOEM guidelines state concerning low back complaints: Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas. The utilization reviewer spoke to the treating physician and the treating physician advised that results from a lumbar MRI were pending that would correlate radiculopathy to meet guidelines. The medical documentation provided does not meet the above ACOEM guidelines for referral to a spine surgeon for low back complaints at this time. As such the request for one (1) consultation with a spine surgeon is not medically necessary.