

Case Number:	CM14-0063469		
Date Assigned:	07/11/2014	Date of Injury:	09/27/2008
Decision Date:	08/13/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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 38-year-old male who reported an injury on 09/27/2008. The documentation indicated this request was previously denied as there was a lack of documentation indicating the injured worker was interested in further surgical interventions. However, the physician documented that the injured worker was a candidate for further surgeries. It was documented the injured worker should proceed with a trial of a spinal cord stimulator and as such the medical necessity for a followup with a spine surgeon was not clear. The documentation indicated the injured worker had undergone 2 lumbar surgeries with the last revision being 07/14/2013. Prior treatments included surgical intervention and physical therapy. The mechanism of injury was the injured worker was moving some wooden blocks that were in the way of a truck tire and there was a crane attached to the truck with a 300 pound metal ball. As the injured worker bent down, the ball swung forward and struck the injured worker in his low back and knocked him to the ground. The documentation of 02/21/2014 revealed the injured worker continues to have complaints of pain in the low back radiating down to both lower extremities. It was documented the injured worker had psychological clearance for a spinal cord stimulator trial. The examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. The injured worker had decreased range of motion with obvious muscle guarding. The injured worker's deep tendon reflexes were 1/4 in the Achilles tendon bilaterally and 2/4 in the patella bilaterally. The sensory examination revealed a decrease along the L5-S1 distribution bilaterally to Wartenburg pinprick. The straight leg raise in the modified sitting position was positive at 60 degrees bilaterally causing radicular symptoms. The diagnoses included grade I spondylolisthesis at L5-S1 with radiculopathy to the lower extremities, status posterior lumbar interbody fusion (PLIF) Surgery at L4-5 and L5-S1 on 12/06/2010, status post removal of hardware with repair of pseudarthrosis at L4-5 on 11/09/2012, and lumbar fusion revision for pseudarthrosis and fractured S1 pedicle screw on

07/14/2013 as well as medication induced gastritis. The treatment plan included the injured worker had a second revision of the lumbar fusion and continued to experience significant postoperative pain with radicular symptoms in the lower extremities. It was indicated the injured worker had electrodiagnostic findings consistent with bilateral L4-5 radiculopathy. The injured worker was interested in a spinal cord stimulator trial. The treatment plan included a trial of a spinal cord stimulator, medication refills, and to followup with the orthopedic spine surgeon. It was documented the injured worker was not interested in further surgical intervention in the lumbar spine. This request was previously denied due to the injured worker not wanting further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Spine Surgeon follow-up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Office Visits.

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 Chapter, Office visits.

Decision rationale: The Official Disability Guidelines (ODG) recommend a clinical office visit with a healthcare provider based upon the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker was not interested in further surgical interventions. However, as the injured worker had objective finding upon physical examination and a positive Electromyography (EMG), this request would be supported. Given the above, the request for orthopedic spine surgeon follow up is medically necessary.

