

Case Number:	CM14-0120272		
Date Assigned:	08/06/2014	Date of Injury:	10/09/2013
Decision Date:	07/10/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 sustained an industrial injury on 10/09/2013. Treatment provided to date has included: physical therapy, chiropractic treatments, lumbar injections, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (12/05/2013) showing mild to moderate degenerative disc disease at multiple levels, disc space narrowing and disc desiccation, diffuse disc bulging, minimal facet arthropathy, and spondylosis, disc herniation, central canal stenosis, lateral recess stenosis, and neuroforaminal stenosis at L4-L5 and L5-S1. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 06/17/2014, physician progress report noted complaints of continued low back pain with pain radiating into the bilateral lower extremities. Pain is rated as 4-5 (0-10) with a rating of 4 on a good day and 6-7 on a bad day. He described as constant. Additional complaints include numbness and tingling in the lower extremities, sleep difficulties, difficulty with activities of daily living, and constipation. Medications were reported to help alleviate the pain. The physical exam of the lumbar spine revealed paraspinal spasm and tenderness to palpation of the paravertebral musculature, positive sciatic notch tenderness bilaterally, and positive straight leg raises bilaterally. The neurological exam revealed dull/diminished sensation to light touch over the posterior calf, clonus absent bilaterally, and decreased motor reflexes in the L4-S1. The provider noted diagnoses of spondylosis, disc herniation, central canal stenosis, lateral recess stenosis, and neuroforaminal stenosis at L4-L5 and L5-S1 with bilateral radiculopathy. Due to increasing pain, the injured worker agrees to the plan for surgical intervention. Plan of care includes a 360° fusion at L4-S1 with a vascular surgeon consultation. The injured worker's work status temporary totally disabled. Requested treatments include consultation with a vascular surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult Vascular Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-OMPG Chapter 7: Independent Medical Examinations and Consultations, Page: 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date Topic 1125 and Version 5.0.

Decision rationale: Other than aortic artery surgery, the most common surgery associated with spinal cord infarction is spine surgery. It is felt that this is secondary to injury to the radicular artery. It is conjectured that epidural anesthesia could also be causative and this would be secondary to direct injury to the artery or secondarily induced vasospasm. Also, it is felt that intraoperative or perioperative hypotension may be causative in this surgical complication. Lastly, some have observed that spinal cord infarction is associated with underlying disease of the aorta or previous surgery of the aorta. In the above patient, the physician requests a vascular surgeon consult and cites a reference but he gives no reason for his request or why this particular patient needs to have a vascular consult. Without further information, the UR is justified in its denial of the request. The request is not medically necessary.