

Case Number:	CM14-0170686		
Date Assigned:	12/11/2014	Date of Injury:	07/19/2013
Decision Date:	01/15/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 48 year old female with an injury date of 07/19/13. Based on the 08/18/14 progress report, the patient complains of lower back pain. The pain level is at 5 out 10 with medications and at 10 out 10 without medications. The pain is constant and aggravates by bending and lifting. She is alert and oriented times 3 with normal affect and insight. The patient also complains of left knee pain which interferes with her activities and it alleviates with medications. The patient takes Ultram for pain. Back examination shows diffuse tenderness on the both sides lumbar paraspinal area. The range of motion of the back shows forward flexion to be 30 degrees and extension is 10 degrees. The gait is antalgic favoring the left leg. Her diagnoses include following: contusion chest wall, pain lumbar spine, and sprain knee/Leg. MRI scan of the lumbar spine dated 05/27/14 showed "1. Mild to moderate central spinal stenosis and marked bilateral neural foraminal stenosis at L4-5 secondary to disk herniation and facet arthropathy. 2. Marked left neural foraminal stenosis at L5-S1 due to a mild broad-based central and left-sided disk protrusion." X-ray of the left knee dated 10/16/13 showed "mild tricompartmental degenerative changes with no bony fractures." X-ray of cervical spine series dated 07/31/13 showed negative cervical spine series and X-ray of thoracic spine series dated 07/31/13 showed negative thoracic spine series. The patient has been completed number of chiropractic sessions between 05/30/14-06/20/14 for lower back and knee pain. The treating physician is requesting for neurosurgery ortho spine consultation per 08/18/14 report. The utilization review determination being challenged is dated 09/17/14. The treating physician provided treatment reports from 07/23/13-08/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery ortho spine consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, consultation, page 127

Decision rationale: This patient presents with chest wall contusion, lumbar spine pain, and knee/leg pain. The request is for neurosurgery ortho spine consultation. The treating physician states on 08/18/14 report that "...as no significant improvement with conservative treatment consisting of Non-steroidal anti-inflammatory medication, physical therapy, modified work activities and presence of abnormal imaging studies. The consult will help us to better manage the patient's condition." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the patient's pain is worsening and the treatment reports show the patient has failed to respond to treatment. The requested consultation may be of benefit to the patient in treating this painful condition. The request is medically necessary.