

Case Number:	CM14-0181018		
Date Assigned:	11/05/2014	Date of Injury:	12/04/1995
Decision Date:	01/30/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/31/2014

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 Rehab, 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 49-year-old female with a date of injury of 12/04/1995. The listed diagnoses per Dr. [REDACTED] are: 1. Chronic postoperative pain. 2. Post-laminectomy syndrome, lumbar. 3. Radiculitis, lumbar. 4. Lumbago. 5. Pain in soft tissue, limb. 6. Cervicalgia. 7. Radiculitis, cervical. 8. Spondylosis without myelopathy, cervical. 9. Disturbance of skin sensation, numbness, paresthesia. According to progress 09/23/2014, the patient presents with low back pain and severe left lower extremity pain. Review of the medical file indicates the patient had a revision SCS on June 2013. Examination of the lower back revealed tenderness to light palpation over the bilateral lumbar paraspinal, right greater than left, and tenderness to palpation over the right IPG unit site. There is positive straight leg raise on the right and positive facet loading bilaterally. CT scan of the lumbar spine from 08/14/2014 revealed severe spondylosis and kyphotic deformity at L1-L2, gaping of the L1-L2 facet joints, anterior and posterior fusion at L2 to S1. AME report from 06/20/2014 indicates the patient had back surgery in 1990 and a second back surgery in 1995. More recently, she had a "third back surgery in 2004." The date of the surgery is not provided. The treater recommended referral to Dr. [REDACTED] for evaluation of adjacent segment decompression and extension of fusion. Utilization review denied the request on 10/15/2014. Treatment reports from 05/06/2014 through 09/23/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Referral to the Treating Physician: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 Independent medical examination and consultations, page 127

Decision rationale: This patient presents with chronic low back pain. The request is for "referral to the treating physician." The Request for Authorization (RFA) form from 09/23/2014 as well as the progress report from 09/23/2014 requests "referral to the treating specialist for evaluation of adjacent segment decompression and extension of fusion." ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the 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 presents with low back pain with severe left lower extremity pain. A referral to the treating specialist for further evaluation appears reasonable. The request is medically necessary.