

Case Number:	CM14-0203213		
Date Assigned:	12/15/2014	Date of Injury:	04/21/2008
Decision Date:	02/04/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 40 year old male who was injured on 4/21/2008. He was diagnosed with disorder of sacrum, headache, and lumbar sprain/strain. He later was diagnosed with hip avascular necrosis. He was treated with medications, surgery (hip), injections, and physical therapy. He was referred to a spinal surgeon for consultation about his hip, but didn't return due to the worker's ambivalence regarding the prospects of having lumbar spine surgery. On 11/19/14, the worker was seen by his pain specialist reporting continual low back pain, hip pain, and shoulder pain. His overall pain level was rated at 7/10 on the pain scale without medications and 4/10 with his medications. His low back pain radiates to the left leg. He reported using Norco and tramadol which help the pain reduce by about 50%. He also reported using Norflex for his muscle spasms in his low back. The worker requested to see the surgeon again "since his pain medications are being denied and it is difficult for him to pay out of pocket." The worker reported feeling that he may need surgery if he is unable to take the medications. Physical findings included antalgic gait, obesity, normal lower extremity reflexes and motor strength, and decreased lumbar lordosis. He was then recommended to continue his medications and see his spinal surgeon to discuss his lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consult with [REDACTED] for lumbar spine surgical option: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 p. 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The MTUS ACOEM Guidelines also states that referral to a surgeon for low back pain is only indicated when the patient exhibits severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, has activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and failure of conservative treatment to resolve disabling radicular symptoms. In the case of this worker, there was insufficient evidence found in the notes (physical examination findings particularly) to suggest the worker should be seen again by the spinal surgeon for a second consultation. The worker did share his feeling with the requesting provider that he might consider surgery if the medications would not be covered, which were reportedly helping his pain significantly. However, requesting surgery for financial reasons and not medical reasons is not a recommended reason. Therefore, considering the above reasons, the surgical consult (repeat) is not medically necessary.