

Case Number:	CM14-0044298		
Date Assigned:	07/02/2014	Date of Injury:	10/02/1999
Decision Date:	04/21/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/11/2014

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 70 year old male who sustained an industrial injury on 10/02/99. He reports pain in his lumbar spine radiating down both legs. Treatments to date included multiple surgeries and medications. Diagnoses include degenerative disc disease, cervical and lumbar spine, rotator cuff tear left shoulder, carpal tunnel syndrome bilaterally, osteoarthritis right shoulder and bilateral knees, cubital tunnel syndrome on the left, status post right total shoulder replacement, status post C4-C5 surgery, status post left carpal tunnel release, status post right l4-5 decompression, left and right knee arthroscopy, and status post left and right total knee replacement. In a progress noted dated 03/03/14 the treating provider recommends a referral to ██████ in regard to his spine, a referral to ██████ in regard to his left shoulder, and continued medications including Celebrex, Gabapentin, and Norco. On 03/24/14 Utilization Review non-certified the referral to ██████, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refer back to ██████, Neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist and Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 288. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Office visits.

Decision rationale: The injured worker presented on March 3, 2014 with complaints of low back pain with radiation to both lower extremities. His diagnoses included degenerative disc disease of cervical spine, degenerative disc disease of lumbar spine, rotator cuff tear, left shoulder status post arthroscopic surgery, bilateral carpal tunnel syndrome, status post left carpal tunnel release, cubital tunnel syndrome, left elbow, status post right total shoulder arthroplasty, status post C4-C5 surgery, status post right L4-5 decompression without discectomy, status post bilateral total knee arthroplasties. On examination the gait was nonantalgic. Lumbar spine range of motion was full. He was able to flex forward and touch his toes. Extension was full. Right and left lateral flexion was full. Heel and toe walk were negative. No neurologic deficit was documented. The diagnostic impression with regard to the lumbosacral spine was degenerative disc disease. The treatment plan was to refer back to the neurosurgeon for management of low back pain. The IW was taking medications including Celebrex, gabapentin, and Norco. The documentation does not indicate any conservative treatment for the low back pain other than the medications. ODG guidelines indicate outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker has low back pain. There is a history of degenerative disc disease of the lumbar spine. He is status post decompression at L4-5. California MTUS guidelines indicate that the initial assessment of patients with low back pain focuses on detecting indications of potentially serious disease called red flags. In the absence of red flags, imaging and other tests are not usually helpful during the first 4-6 weeks of low back symptoms. Relieving discomfort can be accomplished most safely by nonprescription medication or an appropriately selected nonsteroidal anti-inflammatory drug, appropriate adjustment of activity, and use of thermal modalities such as ice and/or heat. Primary care or occupational physicians can effectively manage acute and subacute low back problems conservatively in the absence of red flags. Within the first 3 months of low back symptoms only patients with evidence of severe spinal disease or severe debilitating symptoms and physiologic evidence of specific nerve root compromise, confirmed by appropriate imaging studies, can be expected to benefit from surgery. Based upon these guidelines, the appropriate initial management should be performed by the primary care physician and a surgical referral is not indicated unless there is documented failure of nonoperative treatment and presence of clinical, electrophysiologic, and imaging evidence of a condition that is known to benefit from surgery in both the short and long-term. The documentation indicates that this was the initial evaluation for the current episode of back pain and nonoperative treatment had not been tried. As such, a neurosurgical referral is not supported by guidelines and the request is not medically necessary.