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| Case Number: | CM14-0084489 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 05/04/2010 |
| Decision Date: | 02/03/2015 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/06/2014 |

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 Orthopedic Surgery and is licensed to practice in Georgia. 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:

This is a 48-year-old female with a work-related injury dated May 4, 2010. The physician's visit dated May 23, 2014 documented the worker as complaining of persistent back and leg pain. Pain was described as aching and was rated eight to ten on a scale of 10. She also complained of right shoulder pain that was rated seven. At the time of this visit, the worker had not returned to work. Physical exam was remarkable for ambulation with hypolordosis, guarded gait and paraspinal tenderness with spasm to palpation. Lumbar range of motion was remarkable for flexion 40 degrees, extension 20 degrees, tilt right 20 degrees and tilt left 20 degrees. There was no motor weakness documented. There was mild sensory deficit involving the lower extremities. Diagnoses at this visit included L4-L5 and L5-S1 discogenic pain causing mild stenosis, status post right shoulder arthroscopic subacromial decompression with Mumford procedure in 2011, right greater than left knee strain with medical mechanical symptomatology, right elbow strain, depression and chronic pain syndrome. Treatment plan documented at this visit included request for surgery in the form of L4-S1 fusion, which had been requested at the previous visit, and a orthopedic re-evaluation after the requested surgery was completed. The utilization review decision dated May 27, 2014 non-certified the request for orthopedic evaluation five weeks following surgery. The rationale for non-coverage referenced the Official Disability Guidelines, Low Back Chapter. Per the documentation that was reviewed the surgical procedure was deemed as not medically necessary, therefore the post-operative evaluation would therefore be deemed not medically necessary. The injured worker is a 48-year-old female who reported an injury on 05/04/2010. The mechanism of injury was a slip and fall. Her diagnoses included L4-5 and L5-S1 discogenic pain causing mild stenosis; status post right shoulder arthroscopic subacromial decompression with Mumford procedure; left shoulder impingement syndrome with acromioclavicular joint pain; right greater than left knee strain with medial mechanical

symptomatology; right elbow strain; depression, and chronic pain syndrome. Postsurgical history includes a right shoulder arthroscopic subacromial decompression with Mumford procedure performed on 10/31/2011. Her past treatments included physical therapy, chiropractic care, and a functional restoration program and work restrictions. Her diagnostic studies include an official MRI performed on 04/15/2014 of the lumbar spine with findings at the L5-S1 level, right lateral disc protrusion, without significant stenosis or neural impingement, at the L4-5 level minimal right lateral annulus fissure, and at the L3-4 level small right foraminal disc protrusion without significant stenosis or neural impingement and an L3-S1 discography on 05/14/2012. On 05/23/2014, the injured worker presented with complaints of persistent back and leg pain, which she described as aching. She rated the pain an 8-10/10. She further stated that her symptoms continued to increase, especially with prolonged standing and walking. She further complained of pain in the right shoulder, rated a 7/10. Her current medication regimen was not provided within the submitted documentation. Upon physical examination of the lumbar spine, hypolordosis was noted at rest. There was paraspinal tenderness as well as spasm to palpation. Range of motion upon flexion was at 40 degrees. Extension was at 20 degrees. Right tilt was at 20 degrees, and left tilt was at 20 degrees. Motor strength in the lower extremities was normal. Mild sensory deficits involving the lower extremities were noted. The treatment plan included to await the status of the patient's surgery in the form of L4-S1 fusion, and a followup within 6 weeks for orthopedic re-evaluation. The rationale for the request was not submitted within the submitted documentation. A Request for Authorization form dated 05/23/2014 was provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation 5 weeks after surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Office Visit

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

Decision rationale: The request for orthopedic evaluation 5 weeks after surgery is not medically necessary. The injured worker has chronic low back pain. The Official Disability Guidelines recommend the need for an office visit with a health care provider to be individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system, with self-care as soon as clinically feasible. The request as submitted was for an orthopedic evaluation 5 weeks after surgery. However, the documentation as submitted notes that the surgery was deemed not medically necessary. As the surgery was deemed not medically necessary, the orthopedic evaluation 5 weeks after surgery is not medically necessary. As such, the request as submitted does not

support the evidence based guidelines. As such, the request for orthopedic evaluation 5 weeks after surgery is not medically necessary.