

Case Number:	CM15-0018827		
Date Assigned:	02/06/2015	Date of Injury:	08/19/2004
Decision Date:	04/09/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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: Illinois, California, Texas
 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 57-year-old female who sustained an industrial injury on 8/19/04. Past surgical history was positive for C4-C7 cervical fusion. The 9/3/14 lumbar MRI impression documented straightening of the lumbar spine, early L2/3 to L4/5 disc degeneration, grade 1 anterolisthesis of L2 over L3, L3 over L4, and L4 over L5 without evidence of pars fractures. At L3/4 and L4/5, there are diffuse disc protrusions with effacement of the thecal sac, and bilateral neuroforaminal narrowing effacing the bilateral L3 and L4 exiting nerve roots. The 12/18/14 treating physician report cited continued neck and lower back pain. Pain was reported 7-8/10 and intolerable. Medications reduced pain approximately 50%. Cervical spine exam documented an anterior incision, tenderness to palpation over the right cervicotrpezial ridge, and right C5-C7 radiculopathy. Left arm was reported better and headaches were improved. Lumbar spine exam revealed tenderness and spasm with painful and limited range of motion. Nerve tension signs were positive. Walking was limited to ½ block. There was bilateral L4-S1 radiculopathy and decreased L4/5 dermatomal sensation. The diagnosis included lumbar discogenic disease with radiculopathy, and intractable lower back pain. The injured worker required an anterior and posterior L4-S1 lumbar spinal fusion. A request was submitted for consult with a vascular surgeon due to the anterior complexity of the surgery and the need to be cleared for the anterior procedure. Records indicated that the request for surgery was non-certified on 1/20/15, but approval to proceed with psychological clearance was provided. The 1/20/15 utilization review denied certification for vascular surgeon consultation as the surgery had not been certified.

Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascular Surgeon Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM: Chapter 7, Independent Medical Examination and Consultations.

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) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines support referral to a specialist when the plan or course of care may benefit from additional expertise. Guideline criteria have been met. This patient is under consideration for an anterior and posterior spinal fusion surgery. The treating physician has requested a pre-operative clearance with the vascular surgeon for the anterior portion of the surgery. Additional pre-operative clearances have been approved, and surgery is pending. Therefore, this request is medically necessary.