

Case Number:	CM15-0132463		
Date Assigned:	07/20/2015	Date of Injury:	10/02/2010
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/09/2015

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:

This injured worker is a 55-year-old female who sustained an industrial injury on 10/2/10. Injury occurred when she tripped over some lumber at work and felt a snap in her back, resulting in back and left leg pain. Conservative treatment included heat, ice, pain medication, muscle relaxant, physical therapy, chiropractic manipulation, acupuncture, anti-inflammatories, TENS unit and epidural steroid injections all with limited relief of her symptoms. The 10/1/14 lumbar spine MRI showed multi-level degenerative disc and facet changes from L3/4 through L5/S1 with the greatest degree of central canal stenosis at L4/5. The 6/15/15 treating physician report cited constant moderate to severe back pain. Pain increased with all activity and disturbed her sleep. Physical exam documented normal gait, Full range of motion with mild pain at end ranges, and normal neurologic exam. Imaging showed multilevel degenerative disc and facet changes from L3/4 through L5/S1 with the greatest degree of central canal stenosis at L4/5. The treatment plan recommended anterior spinal fusion from L4 to S1, and posterior instrumentation. Authorization was requested for a consult with a vascular surgeon for evaluation for anterior spinal fusion with interbody cage placement from L4-S1 and 1 follow up visit. The 7/2/15 utilization review non-certified the request for the vascular surgeon consult as the associated surgery was not found medically necessary as there was no evidence of instability, psychosocial screen, or smoking cessation. The 7/10/15 treating physician report indicated that the injured worker reported on-going severe low back pain radiating down her left leg to the toes with numbness and tingling. Pain was increased with bending, walking, twisting and lifting. Authorization for anterior fusion from L4 to S1 had been requested by apparently denied. There

was no indication from the spinal surgeon whether appeal was being sought. The injured worker continued to have depressive symptoms and anxiety for which she was taking medications. She was a current every day smoker.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consult with vascular surgeon for eval for anterior spinal fusion w/ interbody cage placement from L4-S1: Upheld

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

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 127.

Decision rationale: The California MTUS guidelines do not provide specific recommendations for referral to a vascular surgeon for pre-op evaluation. ACOEM guidelines support referral to a specialist 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. While this referral for a vascular surgeon consult is reasonable if anterior lumbar fusion were to proceed, there is no evidence that anterior lumbar fusion surgery has been certified. The issues for non-certification have not been resolved. The injured worker presents with psychological issues that have not been screened for surgical clearance and there is no evidence of smoking cessation consistent with guidelines. As the surgical request is not supported, this request would not be considered medically necessary at this time.