

Case Number:	CM15-0134057		
Date Assigned:	07/22/2015	Date of Injury:	10/08/2012
Decision Date:	08/24/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female who sustained an industrial injury on October 8, 2012. She has reported right sided low back pain that extends into the right thigh and calf and has been diagnosed with status post bilateral lumbar decompression L5-S1. Treatment has included medical imaging, surgery, and physical therapy. Lumbar spine revealed a well healed scar. There was right paralumbar and right sciatic notch pain. Range of motion was 85 % of normal. There was hypesthesia in the right lateral thigh and calf. Straight leg raise on the left was negative, on the right caused back and buttock pain increased with Lasegue maneuver. She was able to heel toe walk though this increased lower back pain. MRI revealed central recurrent disc herniation L5-S1. The treatment request included re-evaluation with ortho for a 2nd spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation wit hortho for 2nd spine surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents on 06/16/15 with right sided lower back pain which radiates into the right calf, and associated numbness in the right lower extremity. The patient's date of injury is 10/08/12. Patient is status post bilateral L5-S1 laminotomy and discectomy on 11/10/14. The request is for Re-Evaluation With Ortho For 2nd Spine Surgery. The RFA was not provided. Physical examination dated 06/16/15 reveals a well-healed surgical scar in the lumbar region, tenderness to palpation on the right side of the lumbar spine and in the right sciatic notch. Neurological examination reveals decreased sensation in the right lateral thigh and calf and positive straight leg raise on the right side. The patient's current medication regimen is not provided. Diagnostic imaging included X-rays dated 06/16/15, significant findings include: "Bilateral laminotomy defects L5-S1..." Undated MRI was also reviewed, significant findings include: "Central recurrent disc herniation L5-S1." Patient's current work status is not provided. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: "The occupational health practitioner may refer to other specialists 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 regard to the consultation with an orthopedic specialist for the purpose of surgical evaluation, the request is reasonable. Progress note dated 06/16/15 indicates that the provider wishes to re-consult with the spine surgeon who performed this patient's recent lumbar laminotomy, citing post operative imaging indicative recurrent herniation and laminotomy defects, as well as unresolved symptoms. Utilization review partially certified this request allowing for an unspecified provider to complete the consult, on the grounds that there was "no need to choose one orthopedic specialist over another." However, the requesting provider wishes the patient see the surgeon who is already familiar with her case history and presentation. This is a reasonable measure to ensure continuity of care, and ACOEM guidelines support that the treater is justified in seeking a specialist opinion on the matter. Therefore, the request is medically necessary.