

Case Number:	CM15-0139424		
Date Assigned:	08/20/2015	Date of Injury:	01/25/2007
Decision Date:	09/17/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 (n) 61-year-old female, who sustained an industrial injury on 1-25-07. She reported pain in her neck. Lower back and right arm related to repetitive motions. The injured worker was diagnosed as having lumbar degenerative disc disease, status post cervical fusion and myofascial pain. Treatment to date has included a lumbar MRI on 4-14-14, physical therapy, lumbar epidural injections, Neurontin and Anaprox. An orthopedic surgeon saw the injured worker on 4-2-14. He noted that the injured worker had undergone a long course of non-surgical treatment for her lower back pain and recommended a repeat lumbar MRI and to return for re-evaluation. At the re-evaluation on 5-7-14, the orthopedic surgeon recommended lumbar surgery. As of the PR2 dated 6-8-15, the injured worker reports low back pain that radiates to the lower extremities. Objective findings include a positive straight leg raise test, decreased lumbar range of motion and tenderness in the paraspinal muscles. The treating physician requested a surgery consultation for consideration of lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery consultation, for consideration of Lumbar Spine Surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM : The health practitioner may refer to other 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 referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing back pain despite conservative treatment. Therefore, consult for possible back surgery is medically necessary.