

Case Number:	CM15-0148653		
Date Assigned:	08/11/2015	Date of Injury:	03/08/2013
Decision Date:	09/08/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/30/2015

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 39 year old male, who sustained an industrial injury on 3-08-2013. He reported a slip and fall from a small ladder while changing a light bulb. The injured worker was diagnosed as having lumbar disc disorder, lumbar facet syndrome, lumbar radiculopathy, lumbar spondylosis, lumbar degenerative disc disease, and low back pain. Treatment to date has included diagnostics, physical therapy, home exercise, and medications. Currently, the injured worker complains of low back pain, unchanged since last visit. He reported taking medications as prescribed, with reduction in pain and improved function. Current medications included Ibuprofen and Tramadol. Magnetic resonance imaging results (unspecified date) were documented as showing spondylosis-spondylolisthesis. The treatment plan included referral to an orthopedic surgeon. Medical records, prior to initial consultation on 4-23-2015, were not submitted. At this time he reported his work status as permanent and stationary and was working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgeon Referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): "Low Back Complaints", page 305.

Decision rationale: Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical findings with imaging correlation consistent with a surgical lesion to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient is without red-flag conditions, or deteriorating function with limiting ADLs amenable to surgical intervention. Examination has no acute findings, new injury, or specific progressive neurological deficits to render surgical treatment nor is there any current diagnostic study with significant emergent surgical lesion or failed conservative care failure. The Orthopedic Surgeon Referral is not medically necessary and appropriate.