MAXIMUS Federal Services

Case Number:	CM15-0160854		
Date Assigned:	08/27/2015	Date of Injury:	07/23/2007
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 23, 2007. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for repeat orthopedic spine surgery consultation. A July 7, 2015 progress note and associated RFA form of the same date were cited. Non-MTUS Chapter 7, ACOEM Guideline were also invoked in the determination and, furthermore, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. It was acknowledged that the applicant was status post earlier spine surgery. The applicant's attorney subsequently appealed. On August 21, 2015, the applicant reported ongoing complaints of neck, low back, leg, and knee pain, collectively rated as 7 to 9/10. Derivative complaints of depression, anxiety, and psychological stress were reported. The applicant was given refills of Norco and Prilosec, and topical compounded medications. The applicant was placed off work, on total temporary disability. It was again acknowledged that the applicant was status post earlier failed spine surgery. The attending provider, a physiatrist, reiterated a request for an orthopedic spine surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat orthopedic spine consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations pages 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Yes, the proposed repeat orthopedic spine consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in the ACOEM Chapter 12, page 306, if surgery is in consideration, counseling regarding likely outcomes, risks, benefits, and expectations is "very important." Here, the requesting provider, a physiatrist, seemingly suggested on August 21, 2015 that the applicant had undergone an earlier failed fusion surgery. Obtaining the added expertise of an orthopedic spine surgeon was, thus, indicated to determine the applicant's suitability for further surgical intervention, going forward. Therefore, the request was medically necessary.