

Case Number:	CM15-0162257		
Date Assigned:	08/28/2015	Date of Injury:	05/22/1997
Decision Date:	09/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/19/2015

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: Emergency 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 injured worker is a 60 year old male who sustained an industrial injury on 05-22-97. Initial complaints and diagnoses are not available. Treatments to date include medications, cervical and lumbar surgeries, 2 right knee surgeries, an intrathecal pain pump, and a home exercises program. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses include lumbar degenerative disc disease, post laminectomy syndrome, cervicgia, and sciatica. In a progress note dated 07-29-15 the treating provider reports the plan of care as medications including oxycodone, methadone, and a refill of his intrathecal pain pump. The requested treatments include a referral to a spine surgeon and a MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Spine Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2004, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Referral to Spine Surgeon is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary". The injured worker has low back pain. Current diagnoses include lumbar degenerative disc disease, post laminectomy syndrome, cervicalgia, and sciatica. The treating physician has not documented sufficient clinical evidence that the injured worker is currently a surgical candidate. The criteria noted above not having been met, Referral to Spine Surgeon is not medically necessary.

Lumbar Spine MRI with and without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested Lumbar Spine MRI with and without Contrast is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain. Current diagnoses include lumbar degenerative disc disease, post laminectomy syndrome, cervicalgia, and sciatica. The treating physician has not documented a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength, or clinical evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, Lumbar Spine MRI with and without Contrast is not medically necessary.