

Case Number:	CM15-0169001		
Date Assigned:	09/09/2015	Date of Injury:	01/08/2001
Decision Date:	10/07/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/27/2015

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:

This is a 42 year old female with a date of injury on 1-8-2001. A review of the medical records indicates that the injured worker is undergoing treatment for post lumbar laminectomy syndrome, spinal-lumbar degenerative disc disease, lumbar radiculopathy and mood disorder. Medical records (5-18-2015 to 7-13-2015) indicate ongoing low back pain, rated at six to nine out of ten with medications. She rated her pain without medications as ten out of ten. Per the 7-13-2015 progress report, she complained of increased low back pain-flare in back pain over the past week. Records also indicate her activity level has remained the same. Per the treating physician (7-13-2015), the employee has not returned to work. The physical exam (5-18-2015 to 7-13-2015) reveals a left sided foot flat antalgic gait. Palpation of the lumbar spine reveals paravertebral tenderness and trigger point. She was very tender to touch over multiple points on both sides. Straight leg raise was positive on the left side in sitting. Light touch sensation was decreased over the lateral thigh on the left side. Treatment has included three surgeries, spinal cord stimulator, steroid injections, magnetic resonance imaging (MRI), and medications (Amitriptyline, Ambien, Norco, Oxycontin, Cymbalta, Lidoderm patches, Soma and Ibuprofen). The original Utilization Review (UR) (8-24-2015) non-certified a request for a referral to a spine surgeon. Utilization Review certified a request for a referral to a pain management psychologist for evaluation for cognitive behavioral therapy and pain-coping skill training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Spine Surgeon: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, 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 complaints of back pain that have failed treatment by the primary treating physician. Therefore criteria for a spinal surgeon consult have been met and the request is medically necessary.