

Case Number:	CM15-0180233		
Date Assigned:	09/22/2015	Date of Injury:	10/12/2013
Decision Date:	10/28/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/15/2015

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 44 year old male, who sustained an industrial injury on 10-12-2013. He has reported subsequent neck, back and lower extremity pain and was diagnosed with cervical intervertebral disc disease, bilateral lumbar radiculitis and radiculopathy, lumbar sprain and strain, osteoarthritis and sciatica. MRI of the lumbar spine dated 07-13-2015 showed posterior disc extrusion at T7-T8, migration of the disc behind the vertebral body at T7, cerebrospinal fluid posterior to the cord at the T7-T8 level with mild stenosis and slight bulge at T8-T9. Treatment to date has included oral pain medication, aqua therapy, Cortisone injection and surgery. Oral pain medication and Cortisone injection were noted to provide some pain relief. Aqua therapy did not provide any relief. In a progress note dated 08-13-2015, the injured worker reported back pain and muscle spasms with right leg weakness. Pain was rated as 7-8 without medication and 5 out of 10 with medication with pain being rated as 10 out of 10 at worst. Symptoms were noted to be aggravated by almost any movement and the injured worker was noted to have difficulty performing activities of daily living. Objective examination findings showed inability to bear weight due to increasing pain. No further objective findings of body systems were documented. The injured worker was noted to be off work. The physician noted that he would request a referral to [REDACTED] due to persistent lumbar spine pain and a referral to [REDACTED] for a consultation. A request for authorization of referral to neurosurgeon [REDACTED], lumbar spine and referral to neurosurgeon [REDACTED], lumbar spine was submitted. As per the 08-31-2015 utilization review, the requests for referral to neurosurgeon [REDACTED], lumbar spine and referral to neurosurgeon [REDACTED], lumbar spine were non-certified. 8/13/15 request for

referral to [REDACTED] and [REDACTED] (for second opinion). Orthopedics report [REDACTED] dated 7/22/15 was noted. It recommended referral to [REDACTED] for second opinion. Notes state that return visit to their service is as needed only. If [REDACTED] does not recommend surgery then it recommended referral to chronic pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to neurosurgeon [REDACTED], lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has already been seen by this specific provider and they do not recommend a return visit unless there is another issue they can address. They recommend referral to another specialist. The request is not medically necessary.

Referral to neurosurgeon [REDACTED], lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: This review does not and cannot specify if consultation with a specific provider is within medical guidelines. It is not known if [REDACTED] is within the network of coverage or is capable of seeing this patient. Referral to a specific provider depending of insurance coverage etc. is beyond the scope of this review and is not a medical issue. This issues needs to be worked out between the insurance company, primary provider, patient and the patient's lawyers. This is a review specifically for a referral to a spinal surgeon for a second opinion only. As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has significant spinal findings on exam and MRI and was already seen by another orthopedic surgeon who recommended referral to another spine specialist for a second opinion. A second opinion with patient's findings meet indication for a second opinion to determine if surgical intervention is warranted. UR states that a second opinion request was already approved but that UR note was not provided to IMR. Indication is met for referral to a second spinal surgeon for second opinion. The request is medically necessary.