

Case Number:	CM15-0183426		
Date Assigned:	09/24/2015	Date of Injury:	07/25/2011
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/17/2015

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: California, Hawaii

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 56 year old male with a date of injury on 07-25-2011. The injured worker is undergoing treatment for status post cervical fusion, lumbar intervertebral disc disorder with myelopathy, and cervical intervertebral disc disorder with myelopathy and sciatica. Physician progress notes dated from 07-30-2015 to 09-03-2015 documents the injured worker had pain in the left cervical, cervical, right cervical, right and left cervical dorsal, right posterior and anterior shoulder, right anterior arm, upper thoracic, left posterior shoulder, left lumbar, lumbar left sacroiliac, right sacroiliac, right lumbar, right buttock and right pelvic pain. He rated his pain as 8-9 out of 10 and was noticeable approximately 100% of the time. He has numbness, and tingling in the right anterior hand, left anterior hand, right and left posterior hand and it is noticed 60% of the time. He complains of dizziness, anxiety, stress and insomnia. He feels better with his pain medications, rest and topical medications. There is palpable tenderness at the lumbar, right sacroiliac, left sacroiliac, left buttock, sacral, right buttock, left posterior leg, right posterior leg, cervical, left cervical dorsal, upper thoracic, right cervical dorsal, right mid thoracic, mild thoracic and left mid thoracic. He has very little movement and requires the use of a cane for balance. Cervical range of motion is restricted and painful and lumbar range of motion is restricted and painful. Straight leg raise is positive bilaterally. The injured worker states he has been authorized for a lumbar spine surgery but has not been scheduled to see a spine surgeon. Documented treatment to date has included diagnostic studies, medications, and acupuncture. He is not working. A Magnetic Resonance Imaging of the lumbar spine done on 04-21-2015 revealed multiple levels of disc desiccation with narrowing of the lateral recesses. The Request

for Authorization dated 09-03-2015 includes requesting a spine specialist, cervical spine computed tomography scan, Omeprazole, Tramadol, Flurbiprofen 20%-Tramadol 20% in 180grams (FCL), and a follow up in 6 weeks. On 09-11-2015 the Utilization Review non-certified the request for a Spine surgeon consultation/referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgeon consultation/referral: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ACOEM, chapter 7, page 127, Specialty Referral.

Decision rationale: The patient presents with diagnosis that include intervertebral cervical disc disorder with myelopathy, cervical region, scialica, and intervertebral lumbar disc disorder with myelopathy, lumbar region. A recent MRI showed the patient has significant L4-5 lateral recess stenosis on the left side and functional impairment secondary to pain. Patient is not working. The current request is for Spine surgeon consultation -referral. The treating physician states in the treating report dated 9/3/15 (5B), "Patient states he had an authorization for lumbar spine surgery but has not been scheduled to see a spine surgeon at this time I am requesting a spine specialist consult as soon as possible." ACOEM guidelines state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the treating physician specializes in Pain Management and seeks the expertise of a spinal surgeon. The clinical history notes the patient was given medication and therapy and was not improving in condition. The clinical history also notes in the treating report dated 6/2/15 (46C), "The patient ultimately underwent cervical decompression and fusion." He was seen by the usual doctor who asked him to come in to have lumbar decompression and possible instrumentation in the lumbar spine. Given the patient's surgical history, failure to respond to treatment, chronic pain and request from his treating physician for request for a specialty referral to aid in the diagnosis and patient's care; the current request is medically necessary.