MAXIMUS Federal Services

Case Number:	CM15-0191638		
Date Assigned:	10/05/2015	Date of Injury:	01/08/2001
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 49 year old male, who sustained an industrial injury on 01-08-2001. He has reported injury to the low back. The diagnoses have included low back pain; lumbar disc disease with radiculopathy; and chronic sciatica. Treatment to date has included medications, diagnostics, and lumbar epidural injections. Medications have included OxyContin, Oxycodone, Lyrica, and Ibuprofen. It is noted in a progress noted, dated 07-29-2015, the past epidural injections have been quite helpful and have also helped alleviated some of his pain medication needs. A progress report from the treating provider, dated 09-09-2015, documented an evaluation with the injured worker. The injured worker reported that he is getting along with moderate pain in the lower back. Objective findings included "he had a recent MRI which shows evidence of stenosis at the 4-5 level and this is consistent with the plain x-rays done which showed retrolisthesis at the L4-5 level" and "he clearly needs to be seen and treated by a spine specialist". The treatment plan has included the request for spine specialist consult. The original utilization review, dated 09-17-2015, non-certified the request for a spine specialist consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine specialist consult: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Surgical Considerations.

Decision rationale: CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. There is no evidence in the cited records of significant and specific nerve root compromise or confirmatory diagnostic study to warrant referral to a neurosurgeon or spine specialist. The clinical note from 9/9/15 documents the injured worker complaining of moderate low back pain with no mention of radicular symptoms and no objective findings of nerve root compromise. While the MRI does demonstrate spinal stenosis, there is no indication from the clinical notes that this is the cause of his current symptoms. In addition, there is no documentation of a trial of a conservative treatment plan for his current symptoms. Therefore, the cited guidelines criteria have not been met and the request is not medically necessary.