MAXIMUS Federal Services

Case Number:	CM15-0191729		
Date Assigned:	10/05/2015	Date of Injury:	12/10/2009
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
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: California, 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:

The injured worker is a 50 year old female who sustained an industrial injury 12-10-09. A review of the medical records reveals the injured worker is undergoing treatment for lumbar degenerative disc disease, ongoing low back, radicular symptoms, and possible inflammatory bowel disease. Medical records (07-29-15) reveal the injured worker complains of neck, shoulder, upper arm, hand, thigh, foot, and hip, upper mid, and low back pain as well as private part pain. The pain is rated at 10/10 without medication and 8/10 with medication. She reports severe limitations with sitting, walking, standing, bending, and squatting and moderate limitations with lying down, running, or jumping. The physical exam (07-29-15) reveals lateral bending, left and right, flexion, and extension are decreased by 25%. A MRI from an unknown date reportedly reveals suspicions for inflammatory bowel disease, possible ankylosis of the sacroiliac joints, per the treating provider. She has not worked since 10/10. Prior treatment includes a right L4-5 laminectomy and discectomy for decompression of conjoint nerve root and removal of herniated disc, home exercise program, and medications. The original utilization review (09-25-15) non-certified the request for a 3rd surgical opinion for the lumbar spine with recommendations for nonsurgical management. The documentation supports that the injured worker had a 2nd surgical opinion on 07-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third surgical consult with orthopedic for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004.

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

Decision rationale: This patient has been unable to work for five years due to her inability to stand, sit and walk secondary to chronic low back pain. She has two previous consult with orthopedic surgeons regarding her low back pain and both independently confirm that she was not a surgical candidate. Now the request is for a third surgical consult. The patient underwent a physical exam on 8/27/2015 which did not reveal significant neurologic deficits or other red flag findings indicating that she was a surgical candidate. It is unlikely that a third surgical consult will differ from the previous two opinions. Therefore the request is not medically necessary or appropriate.