

Case Number:	CM15-0197509		
Date Assigned:	10/12/2015	Date of Injury:	11/17/2008
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/07/2015

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: 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 62-year-old female, who sustained an industrial injury on 11-17-2008. A review of the medical records indicates that the injured worker is undergoing treatment for status post lumbar spine decompression 360 degree fusion L3-L4 in 2011 and L5-S1 fusion in 2012, grade 1 anterolisthesis per x-ray 11-8-2013, mild instability Complex Regional Pain Syndrome (CRPS) bilateral lower extremities, and multilevel lumbar degenerative disc disease. On 9-17-2015, the injured worker reported low back pain with bilateral lower extremity swelling, sharp shooting pain, weakness, and difficulty walking and standing due to pain in the low back. The Primary Treating Physician's report dated 9-17-2015, noted the physical examination showed the injured worker with a slow gait, ambulating with a four prong cane, and tenderness to palpation at the bilateral lumbar paravertebral muscles, quadratus lumborum, and SI joint with positive straight leg raise, Kemp's in the bilateral lower extremities, SI stress, and Faber's bilaterally. The Physician noted that due to increased radicular symptoms, possible hardware removal was recommended. Prior treatments have included lumbar spine surgeries, lumbar transforaminal epidural steroid injections (ESIs), physical therapy, chiropractic treatments, rest, home exercise program (HEP), and medication. The injured worker's current medications were not listed in the progress note. The treatment plan was noted to include continued home exercise program (HEP), a follow-up for the injured worker's gastrointestinal (GI) upset and a surgical consult. The injured worker's work status was noted to be retired. The request for authorization dated 9-17-2015, requested a surgery consultation. The Utilization Review (UR) dated 10-2-2015, non-certified the request for a surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery consultation: 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, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The current request is for a Surgery consultation. Prior treatments have included lumbar spine surgeries, lumbar transforaminal epidural steroid injections (ESIs), physical therapy, chiropractic treatments, rest, home exercise program (HEP), and medication. The patient is TTD. MTUS Guidelines, Introduction Section, page 8, under Pain Outcomes and Endpoints, regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." MTUS/ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists 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 consultation 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." Per report 09/17/14, the patient presents with a slow gait, and tenderness to palpation at the bilateral lumbar paravertebral muscles, quadratus lumborum, and SI joint. There is a positive straight leg raise, Kemp's and Faber's test bilaterally. The physician noted that due to increased pain and radicular symptoms, possible hardware removal was recommended. The UR letter dated 10/02/15 denied the request for a surgical consultation, stating that "the documentation lacks any updated information indicating the patient's primary pain is related to the hardware." Given the patient's increase in pain, the request for surgery consultation is reasonable and supported by ACOEM guidelines. Therefore, the request IS medically necessary.