

Case Number:	CM15-0200889		
Date Assigned:	10/15/2015	Date of Injury:	07/15/1999
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey, New York
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 70 [REDACTED] year old male, who sustained an industrial injury on 7-15-1999. The injured worker is being treated for post laminectomy syndrome, lumbar spondylosis with stenosis, sciatica and right greater than left L5-S1 radiculopathy. Treatment to date has included surgical intervention, (cervical discectomy and fusion, 2004), physical therapy, diagnostics, epidural injections and medications. Per the Primary Treating Physician's Progress Report dated 9-15-2015, the injured worker presented for follow-up. He reported that his symptoms are unchanged since the last visit. He reports continued low back pain with radiation to the right buttock and thigh and leg pain. He also reports chronic numbness involving the right foot, ankle, and leg with weakness involving the right foot and ankle. Objective findings included a slow gait and right sided limp. With thoracolumbar range of motion there is low back guarding and right buttock and thigh pain. The plan of care included surgical intervention. Per the 8-27-2015 follow-up visit, surgery has been recommended and the IW is meeting with a surgeon for follow-up to discuss surgery the following week. On 9-23-2015 a Request for Authorization for L5-S1 anterior lumbar interbody fusion and L3-4 microdiscectomy was made. Authorization was requested on 9-15-2015 for referral to vascular surgeon. On 9-28-2015, Utilization Review non-certified the request for referral to vascular surgeon (lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Vascular Surgeon (lumbar Spine): Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with" treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms and unresolved radicular symptoms after receiving conservative treatment. The patient has had many forms of conservative therapy with persistent pain and worsening weakness. It is medically necessary for the patient to have a vascular surgeon consultation with persistent symptoms. Therefore, I am reversing the prior UR decision.