

Case Number:	CM15-0208736		
Date Assigned:	10/27/2015	Date of Injury:	04/07/2010
Decision Date:	12/10/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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:

This 47-year-old woman sustained an industrial injury on 4-7-2010. Diagnoses include post-laminectomy syndrome, low back pain, and cervical spondylosis without myelopathy or radiculopathy. Treatment has included oral medications, one session of acupuncture, and chiropractic care. Physician notes dated 10-7-2015 show complaints of neck and low back pain. The worker rates her pain without medications 9 out of 10. There is no pain rating with medications. Recommendations include continue acupuncture, worker defers medications due to side effects from multiple different medications trialed, second opinion spine consultation, bilateral cock up wrist splints, and follow up in four weeks. Utilization Review denied a request for second opinion spine surgery consultation on 10-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Opinion spine surgeon consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ACOEM Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Submitted report has not shown progressive change in chronic pain symptoms, clinical findings, acute flare-up or new injuries for this chronic 2010 injury. Submitted reports have not demonstrated any surgical lesion of significant instability, canal stenosis or severe impingement for the surgical consult. Examination has no specific progressive neurological deficits or failed conservative treatment to render surgical treatment. Medical necessity has not been established for neurosurgical consult. Therefore, the request is not medically necessary and appropriate.