

Case Number:	CM15-0027082		
Date Assigned:	02/19/2015	Date of Injury:	01/08/2015
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/12/2015

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: Illinois, California, Texas
 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:

This 61-year-old male sustained a work related injury on 01/08/15. Injury occurred when he slipped and fell down the stairs, hitting his spine on the corners of the stairs. Conservative treatment included a thoracolumbosacral orthosis, activity modification, and medications. The 1/12/15 lumbar CT scan demonstrated a superior endplate compression deformity at L4 with possible 4 mm retropulsion, likely chronic T3, T5, T6, and T9 wedge compression deformities, diffuse bony demineralization, and cervicothoracic canal stenosis and bilateral foraminal stenosis. The 1/12/15 lumbar MRI impression documented mild superior endplate compression deformity at L4 with no retropulsion. The 1/19/15 initial treating physician report cited moderate back pain, aggravated by use and not alleviated by rest. Physical exam documented stable range of motion in a brace, intact deep tendon reflexes, good extensor hallucis longus and flexor hallucis longus strength, and intact sensation. The diagnosis included endplate compression deformity at L4 and compression deformities of the upper and mid thoracic spine. The treatment plan recommended referral to an orthopedic surgeon for evaluation and treatment. On 01/29/2015, utilization review modified referral to an orthopedic surgeon for evaluation and treatment of low back. According to the utilization review physician, treatment should be withheld until the orthopedic consultation has been completed with recommendations evaluated. CA MTUS ACOEM Practice Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an orthopedic surgeon for evaluation and treatment, low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, 2004, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. The treating physician has requested orthopedic evaluation and non-specific treatment. The 1/29/15 utilization review modified the request and approved an orthopedic consultation to allow for formulation of a treatment plan. Consultation in this case is indicated based on the presence of a spinal fracture, but the medical necessity of unspecified treatment cannot be established. Therefore, this request is not medically necessary.