MAXIMUS Federal Services

Case Number:	CM15-0214624		
Date Assigned:	11/04/2015	Date of Injury:	02/25/2002
Decision Date:	12/21/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/01/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 42-year-old male with a date of industrial injury 2-25-2002. The medical records indicated the injured worker (IW) was treated for status post anterior lumbar fusion at L4-5 and lumbar spine degenerative disc disease and annular tear at L5-S1. In the progress notes (6-16-15 and 9-1-15), the IW reported continued severe low back pain rated 7 to 9 out of 10 without medications and 4 out of 10 with medications; then he is able to walk. The pain radiated to the bilateral lower extremities. Medications were Norco and Fexmid. On examination (6-16-15 and 9-1-15 notes), an anterior abdominal incision was healed. Lumbar range of motion was painful and restricted to 50% of flexion and extension. Sensation was decreased in the left L5-S1 dermatomal distribution. Motor strength was 4 out of 5 at the left extensor hallucis longus and the flexor hallucis longus. Straight leg raise was positive on the left at 60 degrees and Lasegue's was positive. Treatments included medications and spinal fusion. MRI of the lumbar spine on 1-8-14 showed post-surgical changes at L4-5; spinal canal narrowing at L1-2; and impingement on the L5 exiting nerve roots. Electrodiagnostic testing of the bilateral lower extremities on 3-11-14 was suggestive of bilateral chronic active L5-S1 radiculopathy. The IW was 'permanent and stationary'. The provider recommended anterior posterior fusion at L5-S1; a second opinion was requested. A Request for Authorization was received for a referral to a spine surgeon for second opinion. The Utilization Review on 10-21-15 non-certified the request for a referral to a spine surgeon for second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to spine surgeon for second opinion: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (acute & chronic): Office visits (2015).

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

Decision rationale: The injured worker sustained a work related injury on 2-25-2002. The medical records provided indicate the diagnosis of status post anterior lumbar fusion at L4-5 and lumbar spine degenerative disc disease and annular tear at L5-S1. Treatments have included back surgery, Norco and Fexmid. The medical records provided for review do indicate a medical necessity for Referral to spine surgeon for second opinion. The medical records indicate injured worker has lumbar radiculopathy with an MRI finding of nerve encroachment; the provider had requested for authorization for anterior posterior L5-S1 fusion, but after several months of lack of authorization a request was made for a second opinion referral. The MTUS states as follows, for Referrals "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan."Therefore, since the provider is not in agreement with the treatment plan of plan of the utilization review company, it is medically necessary to refer the injured worker to a third party for an independent opinion.