

Case Number:	CM15-0216893		
Date Assigned:	11/06/2015	Date of Injury:	08/31/1996
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/03/2015

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 injured worker is a 58-year-old female who sustained an industrial injury on 8/31/96. The mechanism of injury was not documented. Past medical history was positive for congenital heart defect, skin cancer, hypotension, asthma, mitral valve prolapse, short term memory loss, and reflex sympathetic dystrophy. Past surgical history was positive for lumbar laminectomy and anterior and posterior lumbar fusion in 1982. Pain pump replacement was noted on multiple occasions from 2007 through 2014. She underwent insertion of a lumbar cerebrospinal fluid (CSF) drain secondary to wound closure on 1/6/15 for persistent CSF leak following pain pump revision. The 9/16/15 treating physician report indicated that the injured worker was going to the wound clinic fairly consistently. She had significant issues with short term memory loss. Her wound seemed to be responding to wound care at the last visit in April, but it had started draining again. Lumbosacral exam documented a raw moist area with scant serous drainage on her bandage, it was beefy red. There was no tenderness to palpation, pain or swelling, edema or erythema of the surrounding tissue. The wound had failed to respond to routine wound care at the clinical and remained raw and moist. There was no active CSF leak, but the wound had not healed. The treatment plan included a referral to plastic surgery to see if they had any surgical suggestions. Authorization was requested for consultation with a plastic surgeon (would care alternative for post-op neurosurgery). The 10/6/15 utilization review non-certified the request for consultation with a plastic surgeon (would care alternative for post-op neurosurgery) as there was limited indication that the injured worker had failed current wound care treatment after the recent exacerbation which would be reasonable prior to referral to plastic surgery specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Plastic Surgeon (Wound Care Alternative for Post-Op Neurosurgery):
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Online Version, Evaluation and Management (E&M).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines state that referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. ACOEM guidelines support referral to a specialist 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 consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have been met. This injured worker has been treated at the wound care clinical for recurrent leakage and delayed healing. The treating physician report wanted a plastic surgery consult for wound management treatment alternative. The treatment plan may benefit from the additional expertise of a plastic surgeon. Therefore, this request is medically necessary.