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| Case Number: | CM15-0044181 | | |
| Date Assigned: | 03/16/2015 | Date of Injury: | 06/10/2009 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker (IW) is a 36 year old male who sustained an industrial injury on 06/10/2009. He reported chronic musculoskeletal pain and chronic headaches. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, displacement of thoracic disc without myelopathy, and cervical disc displacement without myelopathy. Treatment to date has included treatment with a pain management consultant, MRI's of the cervical, and lumbar spine, a MRI of the brain and MRA (magnetic resonance angiography) of the neck, an EMG (electromyogram) of the lower extremity, a cervical thoracic epidural steroid injection (not felt to be beneficial), plus neurology consult and psychological counseling. A functional restoration was a completed. Currently, the injured worker complains of chronic pain of multiple body parts and intermittent facial numbness. A surgical consultation was done 06/18/13, and the spinal surgeon did not feel he was a good surgical candidate at the time. The physician at the follow up pain consultant visit of 02/05/2015 notes IW is requesting a second surgical opinion. A request for authorization was submitted for a consultation with Spinal Surgeon for the Cervical and Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Spinal Surgeon for The Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, consultations spine surgeon for cervical and lumbar spine is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical disc displacement without myelopathy; and lumbar disc displacement without myelopathy. Pursuant to a January 8, 2015 progress note the injured worker graduated from a functional restoration program. Subjectively, the treating physician documents the injured worker has chronic pain in multiple body parts. There is no subjective specificity in terms of cervical or lumbar spine pain. The review of systems indicates pain in the cervical spine. There is no mention of symptoms referable to the lumbar spine. Objectively, motor strength in the lower extremity 5/5. Sensation decreased to light touch along the right lateral compared to the left lateral. There was no detailed neurologic evaluation of the upper and lower extremities performed in the medical record. Examination of the lumbar spine showed tenderness along the low back and mid back region with muscle tension. Range of motion is decreased by 80% with flexion, 80% with extension and 80% with rotation bilaterally. In the body of the medical record the treating physician states there is positive straight leg raising on the right but in the specific low back section of the note straight leg raising was negative bilaterally. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There is no clinical rationale for clinical indication in the medical record indicating how a spine consultation will aid in the diagnosis, prognosis therapeutic management of this injured worker. Consequently, absent clinical documentation with subjective findings referable to the cervical and lumbar spine, specific objective findings referable to the cervical and lumbar spine, a detailed neurologic evaluation of the upper and lower extremities (based on the cervical and lumbar spine), consultation spine surgeon for the cervical and lumbar spine is not medically necessary.