MAXIMUS Federal Services

Case Number:	CM15-0045293		
Date Assigned:	03/17/2015	Date of Injury:	03/22/2009
Decision Date:	04/17/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 37 year old female sustained a work related injury on 03/22/2009. According to a progress report dated 02/12/2015, the injured worker was seen in follow-up with persistent pain in the lower back. Pain was rated 7-8 on a scale of 1-10. It was intermittent and slightly worsening. She reported feeling burning and electric shock that went from the back around towards the groin and down to the bilateral knees equally with weakness. She had decreased range of motion significantly. It was hard for her to bend down and she could not bend back at all. She had more pain with prolonged ambulation and prolonged standing. Pain was made better with rest and medication. Tramadol brought her pain from and 8 down to a 6. She had completed 7 out of 12 physical therapy sessions of the lumbar spine and felt that it was causing more pain. Pain was made worse with weather and activities. Tramadol and Omeprazole were dispensed. Treatment plan included request for authorization for a CT (computed tomography) scan of the lumbar spine, consultation with a spine surgeon after the CT scan was done and urine toxicology screen for the next visit. An authorization request dated 02/20/2015 was submitted for review. Diagnoses included lumbar disc disease status post fusion, failed lumbar condition, left lower extremity radicular pain, L5-S1 grade 2 spondylolisthesis with evidence of status post posterior fusion at L4 through S1 and evidence of bilateral laminectomy with space replacement at L5-S1 as well as concern for hardware being elevated per MRI dated 01/16/2015 and psyche issues deferred. Treatments requested included CT scan of the lumbar spine, spine surgeon consultation for the lumbar spine, Ultram, Prilosec and urine toxicology screening. According to a CT scan of the lumbar spine dated 03/03/2015, the impression was noted as 1. Status post

bilateral laminotiomies at L5-S1. Grade 2 spondylolisthesis at this level was intact. Intervertebral disc spacer placement. The central canal was unroofed posteriorly. There was no evidence for foraminal impingement. 2. Status post posterior fusion from L4-S1 with intact hardware. The remainders of the intervertebral disc spaces are intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and office visits pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had persistent 7-9/10 pain after surgery with no significant abnormalities on MRI. The physician was requesting a CT scan to clarify MRI findings. There was indication for surgery and there were no new neurological findings. At this point, the request for a spine surgeon is not medically necessary.