

Case Number:	CM15-0053285		
Date Assigned:	03/26/2015	Date of Injury:	02/24/1994
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 55 year old female, who sustained an industrial injury on 2/24/94. The injured worker was diagnosed as having failed back surgery syndrome with chronic intractable low back pain with worsening radicular symptoms, chronic pain syndrome, severe depression secondary to chronic pain, chronic opiate withdrawal, situational stress secondary to difficulties with receiving medications, SI joint dysfunction and gastroesophageal reflux disease secondary to medications. Treatment to date has included oral medications including opiates, transdermal medications, spinal surgery, physical therapy and activity restrictions. Currently, the injured worker complains of not having medications for two months. Upon physical exam it is noted she is fatigued, pale and uncomfortable appearing with positive tenderness to palpation over the right iliac crest and leg pain greater on right than left is aching, burning and tingling. The current treatment plan includes increasing Fentanyl patches, continuation of oral medications including opioids, re-requesting psychotherapy, re-requesting (MRI) magnetic resonance imaging, re-requesting a surgical evaluation and consideration of implantation of an intrathecal drug delivery system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation for the back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient was injured on 02/24/1994 and presents with low back pain, depression, insomnia, opiate withdrawal, and worsening radicular symptoms in the lower extremities. The request is for a surgical consultation for the back. The utilization review denial letter did not provide a rationale. There is no RFA provided, and the patient is currently disabled. "She is able to sit less than 10 minutes, stand less than 10 minutes, and walk less than 10 minutes. She is up multiple times per night secondary to pain, depression and stress related to her lack of financial resources. She is able to maintain her activities of daily living, drives herself, and occasionally uses a cane for ambulation." ACOEM Practice Guidelines, 2nd edition (2004), page 127, has the following: "Occasional health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." MTUS/ACOEM, Chapter 12, Low Back Complaints, page 305, under the topic "Surgical Considerations" states surgical consultation is indicated for patients who have: "Failure of conservative treatment to resolve disabling radicular symptoms." Sensation is decreased in the right upper and lower extremities. The patient has a positive straight leg raise bilaterally as well as tenderness to palpation over the right iliac crest. It appears that the patient may need surgical intervention, and given her chronic lower back pain, a second opinion appears medically reasonable. Therefore, the requested surgical consultation for the back IS medically necessary.