

Case Number:	CM15-0055614		
Date Assigned:	03/30/2015	Date of Injury:	10/26/2012
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/24/2015

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: Florida

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:

The injured worker is a 33 year old female, who sustained an industrial injury on 10/26/2012. She reported injuring her head, upper back and lower back while picking up dirty bunches of table linens. Diagnoses have included lumbago. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine, physical therapy and medication. According to the progress report dated 2/19/2015, the injured worker complained of more pain in the head and upper back since starting work with a lot of lifting and bending. She also complained of pain in the lower back with radiation to both legs. The pain is associated with tingling and numbness in the feet as well as weakness in the hands. She reported being able to walk two blocks before having to stop because of the pain. Exam of the lumbar spine revealed tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasm. There was positive lumbar facet loading maneuver bilaterally. Authorization was requested for spine surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgery consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 11/21/2014 Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines; page(s) 2-3 Page(s): occupational practice medicine guidelines, page(s) 2-3.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Similarly, ACOEM Occupational medicine guidelines also state, "A health practitioner may refer to other specialists 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 referral may be for consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment for an examinee or patient." On review of both sets of guidelines in relationship to this patient's case, there is nothing prohibitory in these guidelines to deny the requesting physician a Spine surgery consult. This patient did have a markedly abnormal MRI in 2014 with a large disc herniation abutting the thecal sac. He has had on going pain. A spine surgery consult is not an unreasonable request. This request is considered medically appropriate and necessary.