

Case Number:	CM15-0061996		
Date Assigned:	04/07/2015	Date of Injury:	07/03/2011
Decision Date:	05/08/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 44-year-old female injured worker suffered an industrial injury on 07/03/2011. The diagnoses included chronic lumbar strain and degenerative disc disease of the lumbar spine. The diagnostics included electromyographic studies/nerve conduction velocity studies and lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 2/17/2015, the treating provider reported ongoing increasing low back pain, which is severe and requested a second opinion consultation for the pain. She described the pain as constant aching rated as 8/10 and with medication 3 to 5/10. There also was numbness and tingling in the left leg and weakness of the left knee. The treatment plan included Spine Consultation second opinion for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Consultation second Opinion for Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indication for Surgery, Discectomy/Laminectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for surgery: Discectomy, laminectomy.

Decision rationale: This 44 year old female has complained of low back pain since date of injury 7/3/11. She has been treated with medications. The current request is for spine consultation second opinion for the lumbar spine. ODG guidelines regarding surgery of the lumbar spine for chronic low back pain indicated that there must be (1) physical examination findings with confirm the presence of radiculopathy and (2) imaging studies that corroborate radicular findings and physical exam findings. The available medical records do not contain documentation that meets criteria (1) and (2) above, therefore there is inadequate documentation that supports the clinical indication for surgery. Additionally, the patient has already had evaluation with 3 orthopedic spine specialists. On the basis of the available medical documentation and per the ODG guidelines cited above, spine consultation second opinion for lumbar spine is not medically necessary.