

Case Number:	CM15-0062519		
Date Assigned:	04/08/2015	Date of Injury:	10/04/2010
Decision Date:	05/12/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/02/2015

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, Pain Management

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 60 year old male, who sustained an industrial injury on 10/04/2010. He has reported injury to the low back. The diagnoses have included degeneration of the lumbar intervertebral disc; and status post L5/S1 fusion on 07/23/2012. Treatment to date has included medications, diagnostics, injections, bone stimulator, physical therapy, and surgical intervention. Medications have included Percocet and Oxycontin. A progress note from the treating physician, dated 01/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued moderate to severe lower back pain; left lower back pain radiates to the upper back and hip; and sharp, stabbing pain over his buttock area with prolonged sitting and bending forward. Objective findings included tenderness to the lumbosacral spine; left lumbar muscle spasm; and limited range of motion secondary to pain. The treatment plan has included hardware removal and facet rhizotomies at L5/S1. Request is being made for post-operative neuro-spine surgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative neuro-spine surgeon consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In this case, the request is made for a neuro-spine surgeon post-operatively. The worker has an anticipated back surgery with hardware removal. Therefore, a spine surgeon or neurosurgeon follow-up visit is appropriate to monitor post-operative progress, which is what I feel is intended by the "neuro-spine surgeon" consult. This request is medically necessary.