

Case Number:	CM15-0231725		
Date Assigned:	12/07/2015	Date of Injury:	06/30/1999
Decision Date:	01/13/2016	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/25/2015

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 53 year old male, who sustained an industrial injury on 6-30-99. Current diagnoses or physician impression includes low back pain with radicular symptoms. His work status is temporary total disability. Notes dated 9-15-15, 10-13-15 and 11-10-15 reveals the injured worker presented with complaints of constant back pain accompanied with shooting pain and cramps in his right leg that is rated at 8 out of 10. Physical examinations dated 9-15-15, 10-13-15 and 11-10-15 revealed an altered posture; he is unable to stand erect. He is unable to flex greater than 10 degrees. There is sensory loss to light touch and pinprick in the right lateral calf and the bottom of his foot, an absent Achilles reflex and there is weakness noted in the right thigh flexion. Treatment to date has included medication, which reduces his pain from 10 to 4 out of 10 (at best), per note dated 11-10-15; cane for stability and an epidural injection. Diagnostic studies include a lumbar spine MRI, which revealed disc herniation impinging on the right S1 nerve root and L4-L5 disc herniation with spondylolisthesis defect with severe facet arthrosis causing neuroforaminal compromise, per physician note dated 11-10-15 and the urine drug screens are consistent. A request for authorization dated 11-12-15 for 1 follow up with a doctor to pursue spine surgery is non-certified, per Utilization Review letter dated 10-26-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow up with doctor to pursue spine surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The current request is for 1 follow up with doctor to pursue spine surgery. Treatment history include lumbar epidural injections, a cane, physical therapy, and medications. The patient is temporary total disability. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational 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 for return to work." Per report 11/10/15, the patient presents with constant back pain accompanied with shooting pain and cramps in his right leg. Physical examination revealed an altered posture, and he is unable to stand erect. He is unable to flex greater than 10 degrees. There is sensory loss to light touch and pinprick in the right lateral calf and the bottom of his foot. There is absent Achilles reflex and weakness noted. MRI of the lumbar spine revealed disc herniation impinging on the right S1 nerve root and L4-L5 disc herniation with spondylolisthesis defect with severe facet arthrosis causing neuroforaminal compromise. The treater recommended the patient to follow up with [REDACTED] for possible surgical intervention. ACOEM practice guidelines support physicians to seek outside consultation when the patient may benefit from a specialist, and MTUS considers follow up visits an appropriate measure to monitor the patient's condition. In this case, given the patient's clinical status and MRI findings a follow up with the surgeon is reasonable and supported by guidelines. Therefore, this request is medically necessary.