

Case Number:	CM14-0144977		
Date Assigned:	09/12/2014	Date of Injury:	05/09/2014
Decision Date:	10/27/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant injured her low back on 05/09/14 when she was coming down a ladder and slipped and fell on her right side. Requests for chiropractic treatment for 6 sessions and an orthopedic surgery second opinion are under review. She has had medications, physical medicine (PT), and chiropractic therapy. An magnetic resonance imaging (MRI) on 05/19/14 showed mild L2-3 anterior endplate degenerative changes, diffuse spondylosis with facet arthrosis throughout the lumbar spine, moderate foraminal narrowing at L4-5 and L5-S1, L4-5 right paracentral disc annulus tear, and mild thecal sac narrowing. She did not benefit from her therapy according to a note dated 07/17/14. She saw a surgeon on 07/09/14 but wanted a second opinion. She was using a cane. On 06/24/14, a PT progress note states that she no longer demonstrated lumbar symptoms and the disc injury appeared to be resolving. She was walking with a front-wheeled walker and step to gait. She appeared to have a musculoligamentous sprain of the thoracic spine which was resolving but she was fearful. She was still avoiding use of the thoracic spine and was complaining of pain in that region. She started treatment with a chiropractor on 07/15/14. Six visits were planned. There are multiple chiropractic notes that are illegible. The surgeon had stated that he reviewed the MRI and noted there was no increased STIR signal to suggest acute injury. There were lumbar paraspinal atrophy and degenerative changes at L4-5 and L5-S1. There was a small disc herniation at L4-5 causing only mild central canal stenosis. There was a small disc herniation at L5-S1 causing minimal contact with the S1 nerve root but no significant compression. He diagnosed low back pain and lumbar degenerative disc disease. Treatment options were discussed with the patient and he did not recommend surgery at that time. He noted that the patient's family member was quite angry when the radiological findings were attributed to chronic degenerative changes. They wanted a second opinion. Assessment was L4-5

paracentral disc annulus small tear and diffuse spondylosis with facet arthrosis throughout the lumbar spine more severe in the lower lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgeon for Second Opinion:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for a second spine surgeon consultation. The California Medical Treatment Utilization Schedule (MTUS) state "referral for surgical consultation is indicated for patients who have: -Persistent, severe, and disabling shoulder or arm symptoms -Activity limitation for more than one month or with extreme progression of symptoms -Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term -Unresolved radicular symptoms after receiving conservative treatment The claimant's history of injury, evaluation, and treatment to date is not entirely clear. There is no evidence that she has completed or attempted and failed all other reasonable conservative care or that she has been involved in an ongoing program of independent self-directed exercise and has failed to improve. There are no focal neurologic deficits on PE that indicate that surgery is likely to be needed. It is not clear why the claimant wants a second opinion other than that she disagreed with the original surgeon that she has degenerative disease. It is not medically necessary to see a second surgeon under these circumstances. The primary care provider should be able to address the claimant's concerns with her. The medical necessity of this request for a second spine surgeon consultation has not been clearly demonstrated.