

Case Number:	CM14-0168895		
Date Assigned:	10/17/2014	Date of Injury:	01/15/1976
Decision Date:	11/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/13/2014

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 Neurological Surgery 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 injured worker is a 68-year-old gentleman who was reportedly injured on January 15, 1976. The most recent progress note dated August 25, 2014, indicates that there are ongoing complaints of neck pain and back pain radiating to both lower extremities. Previous treatment has included a lumbar facet neurotomy, lumbar facet injections, right knee viscosupplementation, and epidural steroid injections. Current medications include Neurontin, Colace, Zegerid, Quinine sulfate, Curasol Gel, Oxycodone, Omeprazole, Pristiq, Coumadin, and Glipizide. Pain is rated at 10/10 without medications and 7/10 with medications. No physical examination was performed on this date. Imaging studies of the lumbar spine from 2008 revealed multilevel degenerative disc changes most prominent at L4 - L5 and L5 - S1. There was a diagnosis of lumbar disc disorder, lumbar radiculopathy, lumbar degenerative disc disease, knee pain, low back pain, and carpal tunnel syndrome. A request was made for a referral to a spine surgeon and was not certified in the pre-authorization process on October 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to spine surgeon with [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305.

Decision rationale: According to the American College of Occupational and Environmental Medicine a surgical referral for the lumbar spine should be limited to individuals with severe and disabling lower leg symptoms which correspond with abnormalities on physical examination and imaging studies. The most recent progress note dated August 25, 2014, does not contain any physical examination abnormalities that mirror the injured employee symptoms or findings on the lumbar spine MRI. For these reasons, this request for a referral to a spine surgeon is not medically necessary.