MAXIMUS Federal Services

Case Number:	CM14-0210440		
Date Assigned:	12/23/2014	Date of Injury:	03/15/2011
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Internal Medicine

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 patient is an injured worker with a history of low back complaints status post lumbar spine surgery. Date of injury was March 15, 2011. The patient is status post posterior lumbar fusion at L5-S1 secondary to nonunion from an anterior fusion, status post posterior fusion L5-S1, status post anterior lumbar interbody fusion at L5-S1. Regarding the mechanism of injury, the patient was changing bottles and placed a bottle on the shoulder, slipped back, causing the patient to injure his back. X-ray of the lumbosacral spine dated 08/14/2014 documented that there is evidence of previous spinal fusion surgery with posterior rod screw apparatus at L5-S1. There is interbody disc apparatus at L5-S1. In addition, there are anterior screws at L5-S1. The hardware is intact without obvious fracture or loosening. There is 1 cm anterotisthesis of L5 on S1. Pars defects at L5 are not ruled out, as the pars are obscured by the hardware. Pedicles are intact. There are no fractures. There are no focal lytic or blastic lesions. No paravertebral soft tissue mass lesions are noted. Sacroiliac joints are open. Radiopaque sutures project anterior to L5. No other abnormalities are noted. Previous spinal fusion surgery at the L5-S1 level. The hardware appears intact. There was 1 cm anterolisthesis of L5 on S1. The orthopedic spine surgeon evaluation report dated August 30, 2014 documented low back pain. Physical examination demonstrated lumbar tenderness and spasm with sixty degrees flexion and 5/5 motor strength. Negative straight leg raise was noted. The treatment plan included a referral to a pain management specialist. Follow-up visit was planned for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthospine surgery consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. 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, and therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient.The medical records document that the patient is status post two L5-S1 lumbar fusion surgeries. Because of the history of two spine surgeries, the course of care would benefit from the expertise of a orthopedic spine surgeon. The request for orthopedic spine surgeon referral and consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for Orthospine surgery consultation is medically necessary.