

Case Number:	CM14-0214490		
Date Assigned:	01/07/2015	Date of Injury:	08/27/2004
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

62y/o male injured worker with date of injury 8/27/04 with related cervical and lumbar spine pain. Per progress report dated 12/2/14, the injured worker complained of pain across the low back with pain that radiated down the left lower extremity. He had numbness and tingling. He denied any weakness. Per physical exam, there was diffuse myofascial tenderness from C4-T1, 1+ muscle spasms, and limited range of motion. Exam of the lumbar spine revealed mild tenderness to palpation over the paravertebral joints of the lumbar spine. He had mild myofascial tenderness. He was refractory to chiropractic treatment and acupuncture. Straight leg raise was positive on the left. MRI of the lumbar spine dated 7/2/13 revealed facet joint hypertrophy at L2-L3, L3-L4, L4-L5, and L5-S1. He did not have any radicular symptoms. Treatment has also included lumbar epidural steroid injection, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgery consultation and evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The documentation submitted for review indicates that the injured worker has undergone conservative treatments and continues with medication management. I respectfully disagree with the UR physician, consultation, evaluation, and recommendations with an orthopedic or spine surgeon to assess if the injured worker is a candidate for surgery is medically necessary.