

Case Number:	CM15-0121997		
Date Assigned:	07/06/2015	Date of Injury:	08/22/2013
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational 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 injured worker is a 51 year old female, who sustained an industrial injury on 8/22/2013. Diagnoses include L5-S1 retrolisthesis, severe disc degeneration associated with bilateral facet arthropathy and bilateral neuro foraminal stenosis. Treatment to date has included conservative care including one epidural steroid injection, bracing and medications. Per the handwritten Primary Treating Physician's Progress Report dated 5/12/2015, the injured worker reported worsening of lumbar spine pain and left leg pain with tingling. She reported weakness in the left leg, greater than right leg. Physical examination revealed tenderness to palpation of the lumbar spine in the right and left paralumbar region with myospasm. The plan of care included, and authorization was requested, for an outpatient second opinion spine consultation for the lumbar spine and pharmacy purchase of Naproxen 500mg #60 and tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient second opinion spine consultation for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, and 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker had a consultation with a neurosurgeon in late 2014. Epidural steroid injections were recommended along with continued physical therapy. Pain relief only lasted 3 days with the steroid injections. It is unclear what the treatment goal is with the request for a second opinion for the lumbar spine. The injured workers condition has not changed since her previous visit with the neurosurgeon. The request for outpatient second opinion spine consultation for lumbar spine is determined to not be medically necessary.