

Case Number:	CM15-0122008		
Date Assigned:	07/06/2015	Date of Injury:	04/14/2011
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric
 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 39 year old male with an industrial injury dated 04/14/2011. The injured worker's diagnoses include continuous trauma, thoracolumbar chronic pain status post sprain/strain, and radiculopathy of the left lower extremity. Treatment consisted of diagnostic studies, prescribed medications, 24 sessions of physical therapy and periodic follow up visits. In a progress note dated 04/30/2015, the injured worker reported pain in his neck, mid back and lower back. Objective findings revealed tenderness to palpitation of thoracolumbar spine. The treating physician prescribed services for referral to spine surgeon now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to spine surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

Decision rationale: This injured worker was denied a request for a spine surgeon evaluation. The physical exam revealed tenderness to palpitation of thoracolumbar spine. There are no red flag symptoms or signs which would be indications for immediate referral. Surgery is considered when there is severe spinovertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of a spine surgeon evaluation.