

Case Number:	CM15-0122756		
Date Assigned:	07/07/2015	Date of Injury:	08/10/2012
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 10, 2012. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for a surgical consultation. The claims administrator stated that its decision was based, in large, on historical Utilization Review denials and a historical IMR report. The claims administrator contented that the applicant was not a surgical candidate. The claims administrator referenced non-MTUS Chapter 7 ACOEM Guidelines in its determination, and furthermore, mislabeled the same as originating from the MTUS. The applicant's attorney subsequently appealed. In handwritten note dated May 19, 2015, the applicant reported ongoing complaints of low back pain, moderate-to-severe, 8/10, with associated lower extremity paresthesias. Hyposensorium about the bilateral lower extremities with positive straight leg rising was appreciated. The applicant was given 20-pound lifting limitation. It was acknowledged, however, the applicant was not working with said limitation in place. The attending provider stated that the applicant needed a surgical consultation to discuss surgical treatment options. The treating provider stated that the applicant had issues with low back pain with associated radicular pain complaints and multilevel spinal stenosis. In another handwritten note dated April 17, 2015, it was stated that the applicant had ongoing radicular pain complaints, retrolisthesis of L5 on S1, and multilevel disk protrusions. The applicant reported claudication like pain. A spine surgery consultation was again sought on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specialist Consultation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Yes, the proposed surgical consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, page 306 on Surgical Considerations, counseling regarding likely outcomes, risks, benefits, and expectations is "very important" in applicants in whom surgery is a consideration. Here, the attending provider suggested that the applicant was, in fact, a surgical candidate insofar as the lumbar spine was concerned. The applicant had ongoing complaints of low back pain radiating to the bilateral lower extremities, neurogenic claudication like symptoms, dysesthesias appreciated on exam, etc., present on multiple office visits itself of mid 2015. The applicant's complaints had seemingly proven recalcitrant to conservative treatment in form of time, medications, observation, work restrictions, etc. Moving forward with a surgical consultation to evaluate potential surgical treatment options was, thus, indicated. Therefore, the request was medically necessary.