

Case Number:	CM15-0170774		
Date Assigned:	09/11/2015	Date of Injury:	03/14/2007
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/31/2015

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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 14, 2007. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve a request for a surgical consultation for consideration of lumbar spine surgery. A July 30, 2015 office visit was referenced in the determination. On said July 30, 2015 progress note, the applicant reported ongoing complaints of low back pain status post earlier failed multilevel lumbar spine surgery. Ancillary complaints of sleep disturbance were reported. The attending provider stated that the applicant had a new 2-mm disk protrusion with associated nerve root abutment established on MRI imaging of May 22, 2015. A surgical consultation was sought to consider further spine surgery. The applicant was using Norco, Voltaren, Neurontin, Cymbalta, Phenergan, Protonix, Skelaxin, and BuTrans, it was reported. The applicant was not working, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

One surgical consultation for consideration of lumbar spine surgery: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
 Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Yes, the proposed surgical consultation for consideration of lumbar spine surgery was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, if surgery is the consideration, counseling regarding risks, benefits, and expectations is very important. Here, the applicant had ongoing lumbar radicular pain complaints status post earlier failed lumbar spine surgery, the treating provider reported on July 30, 2015. The applicant reportedly had a new disk bulge or disk protrusion which the treating provider believed accounted for the applicant's continued radicular pain complaints. Moving forward with the proposed spine surgery consultation was, thus, indicated to discuss the applicant's candidacy and/or suitability for further spine surgery. Therefore, the request was medically necessary.