

Case Number:	CM15-0026483		
Date Assigned:	02/18/2015	Date of Injury:	06/30/1998
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 45-year-old male who sustained an industrial injury on 06/30/1998. Current diagnoses include post-laminectomy syndrome-lumbar, lumbosacral radiculitis, degenerative of lumbar disk, kyphosis, and scoliosis. Previous treatments included medication management, spinal fusion (2013), implantation of intrathecal pump (2004). Report dated 01/07/2015 noted that the injured worker presented with complaints that included back pain. Pain level was rated as 1 out of 10 on the visual analog scale (VAS). Physical examination noted that the injured worker ambulates well, but uses a cane and lists slightly to the right. Utilization review performed on 02/04/2015 non-certified a prescription for follow-up visit with neurosurgeon (lumbar spine), based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with neurosurgeon (lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2015: Low Back, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention
Page(s): 171, 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: “Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003).” The provider report did not document lack of pain and functional improvement that require referral for a follow up visit. The requesting physician did not provide a documentation supporting the medical necessity for a follow up evaluation with a neurosurgeon. The documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist for the patient pain. Therefore, the request for Follow up visit with a neurosurgeon is not medically necessary.