

Case Number:	CM15-0061600		
Date Assigned:	04/07/2015	Date of Injury:	08/09/2001
Decision Date:	05/06/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/01/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 53 year old male, who sustained an industrial injury on August 9, 2001. He was diagnosed with degenerative disc disease with disc bulges of the lumbar spine, lumbosacral spondylosis and facet syndrome. Treatment included pain medications, nerve conduction studies, bracing and therapy. Currently, the injured worker complained of lower back pain radiating to the lower extremities with muscle spasms. The treatment plan that was requested for authorization included a spine surgeon referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgeon referral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter 7 page 127, Independent medical examinations and consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316, chapter 7 page 127.

Decision rationale: The patient is a 53 year old male with an injury on 08/09/2001. He has L3-L5 degenerative changes and low back pain. A repeat MRI of the lumbar spine on 04/11/2014 was unchanged. There was no neurologic impingement. Electrodiagnostic studies in 10/2014 were normal. He has intermittent radicular symptoms. There is no documentation of any red flag symptoms. There is no change in his clinical evaluation. There is no documentation that he is a candidate for spine surgery. The documentation does not meet MTUS, ACOEM criteria for the need of specialized spine surgery or spine surgery consultation.