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| Case Number: | CM15-0075244 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 06/16/1999 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 16, 1999. In a Utilization Review report dated April 14, 2015, the claims administrator failed to approve a request for a referral to a [REDACTED]. A March 24, 2015 office visit was referenced in the determination. The claims administrator stated that it was interpreting the request as a spine surgery referral. The applicant's attorney subsequently appealed. In a RFA form dated April 6, 2015, a referral to a [REDACTED] to discuss further options for surgery was proposed. In an associated progress note dated March 24, 2015, the applicant reported 7/10 low back pain. The applicant was 71-year-old, it was noted. The applicant was using Morphine, Neurontin, Exforge, Ativan, Zanaflex, sotalol, and Pradaxa, it was acknowledged. The applicant had electrodiagnostically confirmed L4-L5 lumbar radiculopathy, it was acknowledged. Lower extremity strength ranging from 4 to 5- to 5/5 was reported. The applicant was asked to consult a spine surgeon. It was stated that the applicant had seen a previous spine surgeon, who had felt that the applicant was a good candidate for surgical intervention. The applicant was not working with permanent limitations in place. Zanaflex, Morphine, and OxyContin were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Treating Physician: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Yes, the request for a referral to treating physician [REDACTED], a spine surgeon, was medically necessary, medically appropriate, and indicated here. Based on the attending provider's RFA form of April 6, 2015 and associated progress note of March 24, 2015, the request in question appeared to represent a second opinion spine surgery consultation. The MTUS Guidelines in ACOEM Chapter 12, page 306 notes that, if surgery is a consideration, that counseling regarding, risks, benefits, and expectations is very important. Here, it was suggested that the applicant was, in fact, a candidate for surgical intervention and that the applicant desired a second opinion consultation prior to pursuing the same. Obtaining a second opinion spine surgery consultation, per ACOEM, is very important. Therefore, the request was medically necessary.