

Case Number:	CM15-0078197		
Date Assigned:	04/29/2015	Date of Injury:	06/10/1997
Decision Date:	05/28/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/23/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 6/10/97, as a result of usual work duties. Records indicate the injured worker is status post lumbar spine fusion, and spinal cord stimulator implant. The 3/30/15 pain management physician report cited low back pain radiating down both legs. Pain was grade 6/10 with medications, and grade 8/10 without medications. Pain was aggravated by activity and walking. There were on-going activities of daily living limitations due to pain with an Oswestry score of 48%. Physical exam documented slow and antalgic gait, L4-S1 tenderness to palpation, moderate limitation in lumbar range of motion, pain significantly increased in extension, decreased right L5 dermatomal sensation, and positive straight leg raise on the right. Lower extremity flexor and extensor strength was unchanged. The diagnosis was failed lumbar back surgery syndrome, lumbar radiculopathy, status post lumbar spine fusion, anxiety, depression, status post spinal cord stimulator implant, and bilateral lower extremity pain. The treating physician report reported that the injured worker had worsening pain and right foot numbness over the past 4 months. His spinal cord stimulator was no longer working to control his pain adequately and he wanted to avoid increased pain medications. Authorization was requested for spine surgeon referral as new primary treating physician. Medications were prescribed. The 4/17/15 utilization review non-certified the request for referral to a spine surgeon as there were no clear neurologic deficits documented, and imaging was not provided for review to establish the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Spine Surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral is generally indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. The ACOEM guidelines also support referral when the plan or course of care may benefit from additional expertise. Guideline criteria have been met. This patient presents with a 4-month history of progressively worsening low back pain and right foot numbness. He is status post prior lumbar fusion and spinal cord stimulator implantation. The spinal cord stimulator is no longer controlling his pain. The pain management physician has requested referral to a spine surgeon to address the worsening pain and lower extremity symptoms. Given the past surgical history and current worsening symptoms, this request is medically necessary.