

Case Number:	CM14-0141727		
Date Assigned:	09/10/2014	Date of Injury:	11/29/1984
Decision Date:	10/06/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is an 81 year old male employee with date of injury of 11/29/1984. A review of the medical records indicate that the patient is undergoing treatment for low back pain (5/1/2014); multilevel lumbar degenerative disc disease with focal spinal stenosis, mild to moderate L1-2, status post previous decompressive laminectomy and L2-L3 spinal fusion with possible radiolucencies initially of the hardware of at the L2 level bilaterally by plain radiographs, previous decompressive laminectomy and fusion at L3-4, L4-5, and L5-S1. The treating physician stated (6/18/2014) concerns for possible halo effect at L2 with screw loosening. The treating orthopedic surgeon requested (7/2/2014) a second opinion on the patients lumbar condition, but does write "I do not feel that the replacement of his L2-3 screws will be enough to take care of his problem." Subjective complaints include experiencing pain while standing and walking for long periods; band of pain across lower back (5/1/2014), rated 8/10 (6/18/2014), and chronic back pain. Objective findings include well-healed midline surgical scar along the full length of lumbar region; mild straightening of the lumbar lordosis; mild tenderness in the midline of the mid lumbar region; mild paraspinal tenderness (5/1/2014). X-rays dated 5/6/2014 state "no evidence of body loosening of the surgical components". Treatment has included five lumbar surgeries on lower back: L4-5 laminectomy in 1984 but pain continued. Posterior spinal fusion at L4-5 performed in 1985, then L3 to S1 fusion; developed adjacent level disease at the L2-3 level, including stenosis. The patient then underwent removal of previous instrumentation and posterior spinal decompression and fusion at L3-4, also with instrumentation on 10/31/2012. Medications have included Norco 10/325mg 1/day, and Lidoderm patch 5/5 2-3/day. The utilization review dated 8/19/2014 non-certified the request for a Specialist referral consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit

Decision rationale: The Official Disability Guidelines states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". ACOEM additionally states concerning low back complaints: "Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas." The treating orthopedic physician is requesting a referral to a lumbar orthopedic specialist over concerns of what he reports as halo effect at L2 and possible screw loosening, but also states "I do not feel that the replacement of his L2-3 screws will be enough to take care of his problem". Of note, the x-ray reported dated 5/6/2014 state "no evidence of body loosening of the surgical components". The medical notes do not explain this discrepancy. Additionally, the treating physician does not indicate what specific question(s) is being asked during this second opinion. While a second opinion may be warranted, the medical documents do not support it at this time. As such, the request for Specialist referral consultation is not medically necessary.