

Case Number:	CM14-0172874		
Date Assigned:	10/23/2014	Date of Injury:	01/02/2008
Decision Date:	11/25/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/20/2014

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 Orthopedic Spine Surgery, and is licensed to practice in New York. 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:

The patient has a date of injury January 2, 2008. The patient is a 65-year-old female with chronic neck and back pain. She had ACDF surgical cervical spine surgery in September 2001. She continues to have chronic neck pain. She's had 3 lumbar epidural steroid injections. She has chronic pain in the neck and the back. MRI of the cervical spine shows C6-C7 fusion. There is mild canal stenosis at C4-5 and C5-6 with neural foraminal narrowing. MRI the lumbar spine shows degenerative disc at L3-4 with bulging. This facet joint hypertrophy at L5-S1. On physical examination the patient has tenderness to palpation of the neck. She has normal neck range of motion. She has tenderness to lumbar range of motion with normal back range of motion. The patient is neurologically normal in upper and lower extremity neurologic motor sensory and reflex function. The patient has chronic pain. At issue is whether spine surgery consultation is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgery consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back chapter

Decision rationale: There is no medical necessity for spine surgical consultation in this case. The patient has chronic neck and back pain with no documented recent reported change in symptoms. The patient's physical exam findings do not demonstrate any abnormal neurologic findings. Imaging studies do not document any significant spinal stenosis that is correlated with physical exam findings in the cervical lumbar region. The patient had surgery many years ago in the cervical spine. The current medical records do not document any significant change in symptoms recently and any red flag indicators for spine consultation such as concern her fracture tumor or neurologic deficit. MTUS guidelines do not recommend Spine Surgical Consultation and Spinal Surgeries. Therefore, this request is not medically necessary.