

Case Number:	CM13-0015752		
Date Assigned:	10/10/2013	Date of Injury:	09/11/2008
Decision Date:	03/17/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

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 47-year-old male sustained an injury from lifting a sofa onto a workbench on 9/11/08 while employed by [REDACTED]. Request under consideration include orthopedic consultation for the lumbar spine. Diagnosis included displacement of lumbar intervertebral disc without myelopathy. Report of 6/26/13 from provider noted low back pain at 8/10 scale radiating to bilateral legs and left ankle; and right elbow pain. Exam or objective findings were not documented with notation of waiting for lumbar microsurgery. Follow-up report from podiatrist on 7/10/13 had diagnostic impression of left knee pain and mechanical symptoms; left knee medial meniscal tear. Report of 8/5/13 from provider again noted lumbar spine pain at 9/10 with radiculopathy decreased in bilateral lower extremity. A lumbar discogram was referenced from 10/29/12. No comprehensive examination was documented. Request for orthopedic consultation was non-certified on 8/13/13 citing lack of medical necessity and clarification not provided regarding the body part for orthopedic consult being requested such as the patient has knee, low back, and ankle issues. There is a report dated 8/5/13 from same provider of above request for orthopedic consultation for the lumbar spine. It should be noted this provider is a neurosurgeon who noted treatment including physical therapy, medication, epidural injections have been trialed; however, the patient is having worsening radiculopathies with positive concordant pain at L5-S1 on discogram. Proposed surgery included posterior spinal fusion and decompression L5-S1 with laminar foraminotomy and microdiscectomy at L3 through L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation for the Lumbar Spine: Upheld

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): 305.

Decision rationale: Request for orthopedic consultation was non-certified on 8/13/13 citing lack of medical necessity and clarification not provided regarding the body part for orthopedic consult being requested such as the patient has knee, low back, and ankle issues. There is a report dated 8/5/13 from same provider of above request for orthopedic consultation for the lumbar spine. It should be noted this provider is a neurosurgeon who noted treatment including physical therapy, medication, epidural injections have been trialed; however, the patient is having worsening radiculopathies with positive concordant pain at L5-S1 on discogram. Proposed surgery included posterior spinal fusion and decompression L5-S1 with laminar foraminotomy and microdiscectomy at L3 through L5. It would appear the provider requesting for an orthopedic consultation for the low back is himself a neurosurgeon with report indicating not a request for consultation, but for surgical authorization; otherwise there was no mention or clarification for any other surgically indicated diagnoses involving the knee or ankle provided. The orthopedic consultation for the lumbar spine is not medically necessary and appropriate.