

Case Number:	CM13-0046219		
Date Assigned:	12/27/2013	Date of Injury:	03/16/2012
Decision Date:	08/11/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 injured worker is a 43 year old female with a reported date of injury on 03/16/2012. The mechanism of injury was not provided. The injured worker's diagnoses include bilateral lower extremity radiculopathy and a multilevel discopathy of the lumbar spine. An operative note dated 04/18/2013 noted the patient received a right L4-5 and L5-S1 transforaminal epidural steroid injection. The clinical note dated 04/30/2013 noted that the injured worker returned for an orthopedic re-evaluation. It was noted that the lumbar epidural steroid injection provided very little and temporary relief. The injured worker had complaints of pain and stiffness to the lumbar spine radiating down the bilateral lower extremities with associated numbness, tingling, and weakness. On physical examination, it was noted there was tenderness over the musculature of the lumbosacral spine with spasticity. The injured worker had difficulty standing on her toes and heels. Range of motion was limited and the straight leg raise was positive bilaterally at 40 degrees. It was noted that there was decreased sensation over the L4, L5, and S1 dermatomes bilaterally. It was noted that an MRI scan performed on 06/08/2012 revealed broad based generalized annular disc bulge at L4-5 and an annular disc bulge at L5-S1 with associated facet hypertrophy and arthrotrophy bilaterally. It was noted that due to the injured worker's ongoing pain, symptomatology, and clinical findings with no improvement, the physician was requesting a referral to a spine specialist for evaluation. The clinical note dated 06/18/2013 noted the injured worker had complaints of consistent low back pain with radiating pain on bilateral lower extremities with associated weakness. On physical examination, it was noted there was decreased range of motion and tenderness to the lumbar spine with associated spasticity. It was also noted that straight leg raises remained positive. An operative note dated 08/08/2013 noted that the injured worker received a bilateral L4-5 and L5-S1 transforaminal epidural steroid injection. A clinical note dated 10/29/2013 noted the injured worker continued to have

complaints of low back pain radiating to the bilateral lower extremities. On physical examination, it was noted that the straight leg raise remained positive and there tenderness with decreased range of motion to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINE SPECIALIST REFERRAL: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines: Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

Decision rationale: The Official Disability Guidelines state that office visits may be recommended as determined to be medically necessary and the need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured workers concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation provided shows that the injured worker had continued symptomatology and clinical exam findings to include decreased sensation and positive straight leg rise despite treatment with epidural steroid injections. Although there is a lack of evidence showing that the injured worker has failed other conservative care measures such as physical therapy or oral medications, it would be appropriate for the injured worker to be screened and assessed by a spine specialist versus being treated by an orthopedic surgeon. As such, the request is medically necessary and appropriate.