

Case Number:	CM13-0054259		
Date Assigned:	12/30/2013	Date of Injury:	08/27/1991
Decision Date:	03/17/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/19/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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. 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:

According to the records made available for review, this is a 61-year-old male with an 8/27/91 date of injury, and lumbar fusion in 1993 and 1996. At the time of request for authorization for surgical consultation, there is documentation of subjective (persistent back and lateral thigh pain) and objective (tenderness to palpation over the right and left lumbar facets, positive straight leg raise, and severely restricted range of motion) findings, imaging findings (MRI L/S (10/4/12) report revealed transitional anatomy of the lumbosacral junction, the transitional segment is designated as a partially sacralized L5; mild retrolisthesis of L1 on L2 without convincing evidence of central or foraminal stenosis; and L2-3 through L5-S1 are not adequately evaluated secondary to extensive artifact from the patient's spinal fusion hardware), current diagnoses (back disorder and lumbosacral neuritis), and treatment to date (medications). 10/17/13 report's plan identifies refill of Oxycodone HCL and Oxycontin, as well as a request for referral to ■■■■■■■■■■, Neurosurgeon, for his opinion on further surgical possibilities. There is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy) with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of additional conservative treatment to resolve disabling radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for surgical consultation; [REDACTED] report 10-17-13: 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)-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127, 305-306.

Decision rationale: MTUS reference to ACOEM identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS reference to ACOEM guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms, as criteria necessary to support the medical necessity of surgical consult. Within the medical information available for review, there is documentation of diagnoses of back disorder and lumbosacral neuritis. In addition, there is documentation of a rationale identifying the request to [REDACTED], Neurosurgeon, for his opinion on further surgical possibilities. However, despite documentation of subjective (persistent back and lateral thigh pain) and objective (tenderness to palpation over the right and left lumbar facets, positive straight leg raise, and severely restricted range of motion) findings, imaging findings (MRI L/S identifying transitional anatomy of the lumbosacral junction, the transitional segment is designated as a partially sacralized L5; mild retrolisthesis of L1 on L2 without convincing evidence of central or foraminal stenosis; and L2-3 through L5-S1 are not adequately evaluated secondary to extensive artifact from the patient's spinal fusion hardware), and conservative treatment, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy) with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of additional conservative treatment to resolve disabling radicular symptoms. Therefore, based on guidelines and a review of the evidence, the request for surgical consultation; [REDACTED] report 10-17-13 is not medically necessary.