

Case Number:	CM13-0061186		
Date Assigned:	02/21/2014	Date of Injury:	11/16/2011
Decision Date:	05/12/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/04/2013

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 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:

The patient is a 42 year old male who was injured on 11/16/2010 while doing his usual duties as a driver. He was driving during work and another car ran the red light and hit his car on the driver's side. Prior treatment history has included conservative treatment with physical therapy, back brace, TENS unit and lumbar epidural injections. Medications include Norco, Soma and Voltaren. Diagnostic studies reviewed include EMG/NCV of bilateral lower extremities dated 11/02/2011 revealing normal electrodiagnostic study of the lower extremities. There is no electrodiagnostic evidence of focal nerve entrapment, lumbar radiculopathy or generalized peripheral neuropathy in the lower extremity nerves tested today. MRI of the lumbar spine dated 11/06/2013 revealed the following: 1. 4-5 mm posterior left paracentral disc protrusion at L4-5 which indents the anterior thecal sac and causes mild mass effect on left L5 nerve root. No evidence of significant spinal stenosis or neural foraminal narrowing. 2. 2-3 mm posterior central disc protrusion at L5-S1 without evidence of spinal stenosis as the thecal sac tapers naturally at this level. 3. Mild facet arthropathy at L4-5. 4. Disc desiccation at L3-4 through L5-S1 with mild disc height loss at L4-5. Progress note dated 01/07/2014 documented the patient to have complaints of moderate constant low back pain, stiffness and intermittent radiating pain into the lower extremities and numbness and tingling in right lower extremity and foot. Objective findings on exam reveal the patient ambulates with a stiff gait and cane. Lumbar range of motion flexion 40 degrees and extension 10 degrees. There is diffuse paravertebral tenderness with spasm. Straight leg raising test with patient sitting is negative bilaterally. Sensation is intact in lower extremities. Current Medications: 1. Diclofenac sodium 2. Norco 3. Soma Diagnoses: 1. Low back syndrome 2. Lumbar/lumbosacral disc degeneration 3. Lumbar herniated nucleus pulposus

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE SURGEON CONSULT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 503

Decision rationale: As per CA MTUS guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, this patient continues to have constant low back pain radiating into lower extremities despite trial of conservative care including physical therapy, back brace, TENS unit, ESIs, and medications. A recent MRI showed evidence of disc protrusion at L4-5 indenting left L5 nerve root impingement, facet arthropathy, and mild loss of disc height as well as disc protrusion at L5-S1. On physical exam, lumbar ROM was decreased, diffuse paravertebral tenderness with spasm, stiff gait and cane. Patient has been diagnosed with lumbar HNP and DDD. Thus, based on reasonable medical probability, a consultation from a lumbar spine surgeon is medically necessary since there is consideration of lumbar fusion at L4-5 and L5-S1. The request is certified.