

Case Number:	CM13-0066937		
Date Assigned:	05/07/2014	Date of Injury:	03/05/2013
Decision Date:	07/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal 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 injured worker is a 51-year-old male who reported an injury on 03/05/2013. The mechanism of injury was that the injured worker was stacking up, overhead, 3 empty totes weighing approximately 8 pounds each and had pain that radiated to the left foot with numbness and tingling. Prior treatments include an epidural steroid injection, acupuncture, and physical therapy. The diagnoses include lumbar radiculitis and thoracic radiculitis, low back syndrome, and thoracic regional spinal stenosis. The injured worker underwent an EMG/NCV on 05/28/2013 which revealed acute/active and chronic left L5 and possibly left L4 radiculopathy with active and chronic denervation potentials seen in the corresponding muscles as well as left peroneal axonopathy. The physician indicated that left peroneal neuropathy at the ankle could not be ruled out. The injured worker underwent an MRI of the lumbar spine on 04/19/2013 which revealed multilevel neural foraminal disc protrusions at L1-5 ranging in size from 5 to 6 mm with varying degrees of moderate to severe neural foraminal stenosis. There were multilevel 3 mm posterior disc bulges at these levels with mild to moderate degenerative disc disease. There was a 2 mm broad-based posterior disc bulge at L5-S1. There was moderate to severe bilateral neural foraminal stenosis with facet arthropathy bilaterally. There was partial effacement of the left L5 dorsal root ganglion. There were 2 to 3 mm posterior disc protrusions from T10-11 and inferiorly through T11-L1. The documentation of 11/26/2013 revealed that the injured worker had low back pain radiating into his left lower extremity reaching his left foot. The injured worker experienced numbness and tingling in the left lower extremity into foot. The injured worker had increased pain when bending, twisting, and turning. The injured worker had tenderness to palpation in the lumbar paravertebral musculature, and had thoracic muscle spasm. The injured worker had tenderness in the buttocks, and sciatic notches. The injured worker had decreased range of motion. The injured worker's motor strength was 4+/5 in the extensor hallucis

longus and 5-/5 in the tibialis anticus, quadriceps/hamstrings, and gastrocnemius. The reflexes were 1+. The injured worker had abnormal decreased sensation at L5-S1 to light touch. The injured worker had a positive supine straight leg raise test at 2+, a positive flip test at 2+, and a positive Lasegue's at 2+. It was indicated that the injured worker had an x-ray on 11/26/2013 of the lumbar spine which revealed moderate spondylosis with near bridging and syndesmophytes, facet hypertrophy, and loss of curvature. It was opined that the injured worker was a candidate for aggressive treatment consisting of a referral to a spine specialist and pain management specialist for lumbar epidural steroid series.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO A SPINE SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM Guidelines indicate that surgical consultations are appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 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 the failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated that the injured worker was referred to a Pain Management specialist for epidural steroid injections. There was a lack of documentation indicating the injured worker's response to the epidural steroid injections. Additionally, there was a lack of documentation indicating that the injured worker had a failure of other conservative treatment. Given the above, the request for a referral to a spine specialist is not medically necessary.