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| Case Number: | CM13-0069048 | | |
| Date Assigned: | 05/09/2014 | Date of Injury: | 09/01/2010 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 12/04/2013 |
| Priority: | Standard | Application Received: | 12/20/2013 |

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 Orthopedic 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 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 an employee of [REDACTED] and has submitted a claim for lumbar disc herniation associated with an industrial injury date of September 1, 2010. Treatment to date has included oral analgesics, TENS, and physical therapy. Medical records from 2013 were reviewed and showed intermittent pain in the lower back graded 5/10 described as aching, sore, and burning which is relieved by medication. This was accompanied by frequent numbness of the back and weakness of the lower extremities. The patient has been diagnosed with low back 4.5mm disc protrusion at L4-L5. Physical examination findings showed tenderness over the paraspinal muscles and bilateral buttock and SI, right greater than the left; pain on ROM; and bilaterally positive Kemp's test and Facet and Heel Walk (L5). Straight leg raise leg raise was negative and there was no mention of any lower extremity motor, sensory or DTR deficits. MRI of the lumbar spine obtained on August 19, 2013 revealed dehiscence of the nucleus pulposus with a 4.5 mm posterior disc bulge indenting the anterior portion of the lumbosacral sac causing mild decrease in the AP sagittal diameter of the lumbosacral canal exacerbated by thickening of the ligamentum flavum as well as thickening of the posterior arches. Lower extremity electrodiagnostic studies performed on August 22, 2013 showed normal results. Spine surgeon consultation for the lumbar spine was being requested; however the indication for the request was not discussed. Utilization review dated December 4, 2013 denied the request for 1 spine surgeon consult between 11/4/2013 and 1/18/2014 because the patient does not have lower extremity radicular issues; there are no clinical, imaging, and electrophysiologic findings that correlate with a lesion that may benefit from surgery; and no recently failed medically reasonable courses of conservative care prior to being considered for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SPINE SURGEON CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: As stated on page 305-306 of the ACOEM Practice Guidelines referenced by CA MTUS, spine surgeon referral is supported with severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies; 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 from surgical repair; and failure of conservative treatment. In this case, the patient has intermittent low back pain with frequent numbness of the back and weakness of the lower extremities; he was diagnosed to have 4.5mm lumbar disc protrusion at L4-L5 with patent neural foramina. However, there was no evidence of activity limitation, extreme progression and severe disabling lower leg symptoms, and failure of conservative treatment that would warrant referral to a specialist. The guideline criteria were not met. Furthermore, there is lack of discussion regarding the indication for the consultation. Therefore, the request for 1 Spine Surgeon Consult is not medically necessary.