MAXIMUS Federal Services

Case Number:	CM13-0072564		
Date Assigned:	01/08/2014	Date of Injury:	08/03/2013
Decision Date:	05/21/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 claimant is a 58-year-old female who was injured in a work related accident on August 3, 2012. Records indicate a low back injury for which an MRI report of October 23, 2012 demonstrated straightening of the lordosis consistent with muscle spasm with neural foraminal stenosis noted from L3-4 through L5-S1 with no documented compressive findings. There was evidence of a documented L5 lumbar radiculopathy on November 20, 2013 electrodiagnostic study to the left lower extremity. A clinical follow-up of November 18, 2013 indicated no subjective complaints but continued examination findings of lumbar tenderness to palpation with limited range of motion, equal and symmetrical deep tendon reflexes, normal strength and negative straight leg raising. The claimant was diagnosed with lumbar degenerative disc disease with herniated disc. Referral to a spinal surgeon for consultation was recommended for further care. Recent conservative measures are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION AND UNSPECIFIED TREATMENT WITH A SPINE SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004 Page 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)--ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on California ACOEM Guidelines, surgical consultation in this case would not be indicated. The claimant's recent physical examination findings demonstrated no acute objective findings that would be indicative of need for surgical process. The claimant's injury is now chronic in nature, greater than eighteen months with examination findings demonstrating no acute interval change or findings suggestive of a neurologic finding that would necessitate need for operative intervention. Thus, the need for a spinal surgery consultation given the claimant's current clinical picture would not be supported.