

Case Number:	CM14-0004464		
Date Assigned:	02/05/2014	Date of Injury:	10/04/2010
Decision Date:	08/04/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/13/2014

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 Neurosurgery 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 51-year-old male who has submitted a claim for spondylolisthesis, confirmed with radiculopathy, lumbar spine; and plantar fasciitis, subacute, secondary to spondylolisthesis, radiculopathy associated with an industrial injury date of October 4, 2010. The medical records from 2011-2014 were reviewed. The patient complained of chronic low back pain, grade 2-6/10. There was accompanying burning type of pain to the soles of his feet. The physical examination showed point tenderness extending from L2 to S5 with increased myofascial tone bilaterally. There was limited range of motion of flexion, extension, and rotation. There was positive numbness after 40 seconds of compression to the posterior tibial nerve on the right foot. There was also positive numbness after 30 seconds of compression to the posterior tibial nerve on the left. The deep tendon reflexes are +2 bilaterally. An MRI of the lumbar spine, dated September 4, 2012, revealed disc desiccation, severe loss of disc height, endplate degenerative changes, and a concentric bulge with a 3mm broad-based posterior disc osteophyte complex at the L5-S1 level, which in combination with hypertrophy of the facet joints results in moderate-to-severe bilateral neural foraminal narrowing; and annular fissuring at the L3-4 and L4-5 levels. The treatment to date has included medications, physical therapy, home exercise program, activity modification, chiropractic therapy, and lumbar epidural steroid injection. In addition, the patient was not documented to have true radicular pain, and conservative treatments have not failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgical Consultation: Upheld

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

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 127.

Decision rationale: The CA MTUS ACOEM guidelines indicate that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. The guidelines further state that a surgical consult is indicated if there was activity limitation for more than a month and if exercise programs did not increase range of motion or strengthen the area. In this case, the patient was previously referred to a neurosurgeon way back in October 2012. The rationale given for the request at that time was because there was no pain relief despite exhausting different forms of conservative treatment. There was no mention in the documentation of why another neurosurgery consult is needed this time. In addition, a progress report dated October 16, 2013 stated that while the patient may ultimately come to surgical treatment, there is inadequate indication for surgical treatment based upon a paucity of objective findings and the lack of a vigorous conservative treatment program. The most recent progress reports do not include a comprehensive neurological examination that warrants a referral. The documentation does not clearly indicate the patient's functional status and condition. The necessity for a consult to a neurosurgeon has not been established. Therefore, the request for neurosurgical consultation is not medically necessary.