

Case Number:	CM14-0008652		
Date Assigned:	02/12/2014	Date of Injury:	12/03/2007
Decision Date:	08/04/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 58-year-old male who has submitted a claim for lumbar disc degeneration, lumbar radiculopathy, chronic pain syndrome, left L5-S1 radiculopathy associated from an industrial injury date of December 3, 2007. Medical records from 2009-2014 were reviewed, the latest of which dated April 21, 2014 revealed that the patient complains of low back pain that radiates down bilateral lower extremities. The pain is aggravated by activity and walking. Pain is rated 9/10 with medications and 10/10 without. The patient reports activity of daily living limitations in the following areas: self-care and hygiene, activity, ambulation, hand function, sleep and sex. On physical examination, the patient was observed to be in moderate to severe distress. The patient's gait was antalgic. There is spasm noted in the lumbar paraspinal musculature. Tenderness was noted in the spinal vertebral area L4-S1 levels. Myofascial trigger points are noted in the paraspinal muscle on the left. The range of motion was severely limited secondary to pain. Pain was significantly increased with flexion and extension. There was decreased sensitivity to touch along the L4-S1 dermatome in the left lower extremity. Straight leg raise with the patient in the seated position was positive on the left for radicular pain at 70 degrees. Lumbar MRI dated February 18, 2010 revealed multilevel minimal to mild central canal and neural foraminal stenosis with short pedicles. The treatment to date has included physical therapy, home exercise program, and medications that include Fioricet, Naproxen, Tizanidine, Hydrocodone/APAP, Cyclobenzaprine, Gabapentin and Lidoderm patch. Utilization review from January 8, 2014 denied the request for orthopedic spine surgeon evaluation/consultation lumbar spine because the recorded physical findings of the lumbar region and lower extremities are limited to the presence of paraspinal muscle tenderness and non-specific identification of trigger points. There is no documentation of a static or progressive neurological impairment and there is no documentation of an anatomic abnormality that is likely to be amenable to surgical

intervention. There is no reporting of symptoms of neurogenic claudication and there is no documentation of lower motor neuron dysfunction, and there is no documentation of segmental instability or other reason cited in clinical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC SPINE SURGEON EVALUATION/CONSULTATION LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7- Independent Medical Examinations and Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, pages 127, 156.

Decision rationale: As stated on pages 127, 156 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, consultations are recommended, and a 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 addition, as stated on pages 305-306 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, spine surgeon referral is recommended with severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and failure of conservative treatment. In this case, orthopedic spine surgeon evaluation/consultation was requested due to persistence of low back pain. In the most recent clinical evaluation, there are subjective and objective findings that support the diagnosis of radiculopathy. A lumbar MRI done on February 18, 2010 revealed multilevel minimal to mild central canal and neural foraminal stenosis with short pedicles. Also, the patient reports activity of daily living limitations in the following areas: self-care and hygiene, activity, ambulation, hand function, sleep and sex. Moreover, the patient has tried conservative treatment (physical therapy, home exercise program, and medications) that resulted to insufficient pain relief and functional improvement. Therefore, the request for orthopedic spine surgeon evaluation/consultation lumbar spine is medically necessary.