

Case Number:	CM14-0106250		
Date Assigned:	07/30/2014	Date of Injury:	01/15/2000
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 52 year-old male who reported an injury on 01/15/2000 due to slipping on some wet leaves and falling. The diagnoses for the injured worker were spasm of muscle, cervical pain, shoulder pain, lumbar radiculopathy, spinal lumbar degenerative disc disease, and radiculopathy. Past treatments for the injured worker have been massage therapy, aquatic therapy, physical therapy, TENS unit, spinal cord stimulator, epidural steroid injections, trigger point injections, steroid injections to hips, and surgeries. Diagnostic studies for the injured worker were MRI of the lumbar spine and x-rays. Past surgeries were lumbar fusion in 2002 and bilateral shoulder surgery. The injured worker had a physical examination on 06/05/2014 that revealed complaints of neck pain, upper back pain, mid back pain, lower back ache, left shoulder pain, left hip pain, left knee pain, left ankle pain, and left foot pain. The injured worker rated his pain with medications as a 6/10. The injured worker rated his pain without medication as a 10/10. The physical examination revealed the injured worker could not walk on heels and could not walk on his toes. Lumbar facet loading was positive on both sides. Stretch of the piriformis was negative. Straight leg raise was positive on the left side while sitting at a 60 degree angle. Examination of the hips revealed no limitation was noted in flexion, extension, abduction, adduction, internal rotation, or external rotation. Tenderness was noted over the trochanter. Faber test was negative. Motor testing was limited by pain. Motor strength was 4+/5 on the left, ankle dorsiflexors was 4+/5 on the left, and plantar flexors were 5-/5 on the left. Sensory examination with light touch was decreased over a lateral calf on the left side. On examination of deep tendon reflexes, knee jerk was 2/4 on the right side and 2/4 on the left side, and ankle jerk was 1/4 on the right side and 1/4 on the left side. Medications for the injured worker were Effexor XR 75mg, Flector 1.3% patch, Lyrica 150mg, Lyrica 50mg, Methocarbamol 750mg, MS Contin 30mg, Norco 10/325mg, Zanaflex 4mg, Diazepam 2mg, Dilaudid 2mg,

Hydrocodone/Acetaminophen 10/325mg, Lyrica 20mg, and Robaxin 750mg. The treatment plan was for a referral to a spine surgeon. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a spine surgeon: 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: The ACOEM states for surgical considerations, the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction are not responsive to conservative therapy (and obviously due to a herniated disc) is detected. Therefore, a referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; patients who have activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; and 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. The documents did not provide the MRI report or an EMG/NCV study. The injured worker had a physical examination on 05/05/2014 that revealed test scores from Center for Epidemiologic Studies - Depression Scale, where the injured worker scored a 37. Given the lack of surgical indications in the clinical information submitted, the request is not supported and therefore considered not medically necessary.