

Case Number:	CM14-0109386		
Date Assigned:	08/01/2014	Date of Injury:	05/07/2011
Decision Date:	09/09/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/14/2014

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 Neurological 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:

According to the records made available for review, this is a 53-year-old female with a 5/7/11 date of injury. At the time (7/11/14) of request for authorization for Neurosurgery evaluation, there is documentation of subjective (back pain with radiation to the lower extremities with weakness and tingling) and objective (lumbar spine tenderness, positive straight leg raise at 70 degrees on the right side, intact motor strength, deep tendon reflexes 2+ bilaterally, and no sensory deficit) findings, reported imaging findings (lumbar spine MRI (8/23/13) revealed multilevel disc height loss, disc protrusion at T11-12, disc bulge and left paracentral protrusion L1-2 encroaching upon the left L2 nerve root, disc bulging noted with facet hypertrophy at L2-3 producing mild left neural foraminal narrowing, L3-4 disc bulge producing moderate left neural foraminal narrowing with encroachment upon the exiting L3 nerve root, L4-5 facet hypertrophy and disc bulging producing mild right and moderate left neural foraminal narrowing), current diagnoses (degeneration of lumbar or lumbosacral intervertebral, spinal stenosis of lumbar region, and displacement of lumbar intervertebral disc), and treatment to date (medications, TENS, physical therapy, and activity modification). There is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies and objective signs of neural compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: MTUS reference to ACOEM identifies documentation of 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, as criteria necessary to support the medical necessity of spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar or lumbosacral intervertebral, spinal stenosis of lumbar region, and displacement of lumbar intervertebral disc. In addition, there is documentation of activity limitations due to radiating leg pain for more than one month, imaging studies consistent with possible radiculopathy, and failure of conservative treatment. However, despite non-specific documentation of back pain with radiation to the lower extremities with weakness and tingling, there is no specific (to a nerve root distribution) documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies. In addition, there is no documentation of objective signs of neural compromise. Therefore, based on guidelines and a review of the evidence, the request for Neurosurgery evaluation is not medically necessary.