MAXIMUS Federal Services

Case Number:	CM14-0109444		
Date Assigned:	09/16/2014	Date of Injury:	11/30/2012
Decision Date:	10/22/2014	UR Denial Date:	06/10/2014
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 Physical Medicine and Rehabilitation 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 injured worker is a 27 year old male who was injured on November 30, 2012. The diagnoses listed as displacement of lumbar intervertebral disc without myelopathy (722.10), sprain lumbar region (847.2), other and unspecified disc disorder of lumbar region (722.93), and spinal stenosis of lumbar region without neurogenic claudication (846.0). The most recent progress note dated 5/8/14, reveals complaints of low back region, the remainder of the progress note is handwritten and illegible. No prior treatment is available in the medical records for review. Diagnostic imaging studies include MRI of lumbar spine without contrast dated 2/11/14 reveal straightening of lumbar spine curvature, vertebral body height and alignment is normal, lumbar vertebral bodies show short pedicles with decrease in AP diameter of the bony canal, L1 to L2 disc is normal in height with mild less than 2 millimeter posterior disc bulge, thecal sac measures 11.5 millimeters AP, neural foramina are normal size; L2 to L3 disc shows mild narrowing with loss of normal disc signal , posteriorly there is 3.5 millimeter broad based disc protrusion , thecal sac measures 8 millimeter AP and 15 millimeter transverse, neural foramina are normal in size, L3 to L4 disc is normal in height posteriorly a mild 2 millimeter disc bulge thecal sac measures 9 millimeters AP, neural foramina are normal size; L4 to L5 shows mild narrowing with loss of normal disc signal, posteriorly there are marginal osteophytes are seen with 3 millimeter broad based central disc protrusion, degenerative changes are seen in the facet joint, mild narrowing of neural foramina bilaterally, thecal sac measures 11 millimeters AP, L5 to S1 disc is normal disc signal, posteriorly there are marginal osteophytes with 3 millimeter broad based central disc protrusion, thecal sac measures 9 millimeters 9 millimeter AP, degenerative changes are seen in the facet joint, neural foramina are normal in size.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion: Orthopedic Consult - lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

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, IME.

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational 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." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, there is no mention of any specific reason for this consult. There is no evidence of intractable pain unresponsive to conservative management of a reasonable period of time. There is no clinical evidence of progressive neurological deficits or myelopathy. There is no imaging evidence of bone or disc destructive lesions. There is no indication for any surgical intervention. Thus, the request is not medically necessary per guidelines and based on documentation.