

Case Number:	CM14-0015344		
Date Assigned:	02/28/2014	Date of Injury:	04/18/2008
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 & 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 51-year-old male who reported an injury on 04/15/2008 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 01/16/2014, the injured worker complained of right hand numbness and weakness and lower back pain that was constant with intermittent radicular symptoms. In the physical examination of the lumbar spine, it revealed loss of lordosis, normal gait, normal heel-toe ambulation, paraspinal muscles tenderness from L5 to the sacrum, plus spasm. The range of motion was noted as flexion 60 degrees with extension 25 degrees, a positive straight leg raise in the supine position at 60 degrees. There was an annotation of decreased sensation with Wartenberg wheel over the S1 dermatome, and motor strength exam within normal limits. Positive Tinel's and Phalen's tests were noted as well as decreased two-point discrimination. It was noted that there was a positive EMG/NCV study of the right hand revealing carpal tunnel syndrome. The diagnoses included impingement shoulder of the right shoulder status post arthroscopic decompression in 01/2012, a 3 mm to 4 mm posterior disc bulge causing narrowing of the neural foramina at L5-S1, right hand carpal tunnel syndrome, and status post left knee arthroscopic surgery in 11/2010. The treatment plan included the prescription of Vicodin 5/500 mg, a request for a surgical spine consultation, and awaiting a request for right hand carpal tunnel syndrome surgery. The request for authorization for referral to a spine surgeon for consultation with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO SPINE SURGEN FOR CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, , 112

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

Decision rationale: The request for referral to spine surgeon for consultation is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) guidelines state referral for surgical consultation is indicated for injured workers 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, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, 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 and failure of conservative treatment to resolve disabling radicular symptoms. In the clinical notes provided for review, there was lack of evidence of the injured worker having conservative care to include physical therapy, home exercise program, and use of NSAIDs and pain relief modalities and their effectiveness. There was also lack of documentation of the duration and severity of symptomology of the injured worker's low back pain. Although it was noted within the diagnosis of the injured worker of 3-4mm posterior disc bulge causing narrowing of the neural foramina at L5-S1, the documentation provided lacked the rationale for the request of a referral to a spine surgeon for consultation. Therefore, the request for referral to a spine surgeon for consultation is not medically necessary.