

Case Number:	CM14-0111109		
Date Assigned:	08/01/2014	Date of Injury:	02/06/2011
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Occupational Medicine 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 a 53-year-old female who has submitted a claim for L4-5 and L5-S1 disc protrusions with radiculopathy and status post arthroscopy with synovectomy and reconstruction of the peroneal tendon sheath associated with an industrial injury date of 02/06/2011. Medical records from 12/04/2012 to 07/24/2014 were reviewed and showed that patient complained of severe low back pain radiating down the left leg with persistent numbness in her right lower extremity. Physical examination revealed patient was in severe distress with antalgic limp on the left and decreased lumbar spine ROM. Severe bilateral paraspinous spasms and tenderness were noted. SLR test was positive on the left at 50 degrees and on the right at 60 degrees. Diminished sensation of S1 nerve distribution on the right was noted. MRI of the lumbar spine dated 08/10/2012 revealed multilevel degenerative disc disease in the lower thoracic and lumbar spine, 2-3mm bulge of the upper two lumbar interbody spaces, L4-5 disc protrusion with mild to moderate bilateral foraminal narrowing, and L5-S1 disc bulge with bilateral facet arthrosis. Treatment to date has included bilateral L4, L5, and S1 facet medial branch nerve injection, local anesthetic and corticosteroid under fluoroscopic guidance (05/04/2013), selective L4-S1 catheterization, lumbar epidural space with infusion port (02/05/2013), physical therapy, and pain medications. Utilization review dated 06/19/2014 denied the request for referral to follow-up with orthopaedic spine specialist because there was no new injury, progressive neurological deficits, or red flags.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to follow-up with orthopedic spine specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306.

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 chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, 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. In addition, as stated on pages 305-306 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA 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, the patient was noted to have failure with 3 years of conservative treatment (02/24/2014). The clinical manifestations of the patient support the diagnosis of radiculopathy. Also, the patient has activity limitations such as standing up from a sitting position (07/24/2-14). MRI of the lumbar spine dated 08/10/2012 revealed multilevel degenerative disc disease in the lower thoracic and lumbar spine, 2-3mm bulge of the upper two lumbar interbody spaces, L4-5 disc protrusion with mild to moderate bilateral foraminal narrowing, and L5-S1 disc bulge with bilateral facet arthrosis. The medical necessity for orthopedic spine specialist referral has been established. Therefore, the request for Referral to follow-up with orthopedic spine specialist is medically necessary.