

Case Number:	CM14-0119999		
Date Assigned:	08/06/2014	Date of Injury:	01/16/2007
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 Texas and Michigan. 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 29 year old male who reported an injury to his low back. A clinical note dated 03/11/14 indicated the initial injury occurred on 01/16/07 while lifting a heavy steel object. A clinical note dated 12/23/13 indicated the injured worker complaining of flare up of low back pain radiating to the right lower extremity to the knee, to the knee. Upon exam, tenderness was identified throughout the lumbar spine. The injured worker was identified as having positive straight leg raise on the right. The injured worker was being recommended for 12 sessions of physical therapy. A clinical note dated 02/20/14 indicated the injured worker continuing with persistent severe low back pain radiating to the right lower extremity to the feet and described as very severe. Upon exam, sensation was decreased at the right L4 distribution. X-rays revealed instability at L4-5 upon flexion/extension views with severe disc height loss. The injured worker reported continuing with progressive findings. The injured worker was recommended for electromyography (EMG). The injured worker rated the low back pain 6/10 on the visual analog scale. Pain described as constant and aching with a sharp numbing shooting and spasming quality. The injured worker also reported tightness and tingling and weakness. The injured worker completed massage therapy, physical therapy, an epidural steroid injection, acupuncture treatment, and TENS unit. Reflex deficits were identified at both Achilles along with 3-4/5 strength deficits identified with knee flexors, extensors, dorsiflexion, and plantar flexion on the right. The MRI of the lumbar spine dated 04/08/14 revealed disc desiccation at L5-S1. Moderate right neural foraminal stenosis was identified with encroachment on the inferior margin of the right neural foraminal nerve. Mild bilateral facet arthropathy was identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgery Second Opinion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back 2014, Office Visits.

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) IME and Consultations, page 503.

Decision rationale: The injured worker complained of lumbar spine pain along with strength and sensation deficits identified in the right lower extremity. The injured worker was identified as having reflex deficits in both Achilles. Imaging studies confirmed significant findings at L5- S1. The injured worker previously underwent physical therapy and acupuncture, injections, and TENS unit. Given these factors, the request it appears the injured worker would be an appropriate candidate for surgical intervention. Therefore, second opinion does not appear to be medically necessary for the injured worker at this time.