

Case Number:	CM14-0134927		
Date Assigned:	08/27/2014	Date of Injury:	03/02/2010
Decision Date:	09/25/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family 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:

This is a 59 year old patient who reported an industrial injury on 3/2/2010, 4 years ago, attributed to the performance of customary job tasks. The patient complained of lower back pain radiating to the left worse in the right. The pain was reported to have increased during the month. It was noted that the patient had not had an epidural steroid injection and had no prior history of surgical intervention. The patient was noted to been prescribed Tylenol, Ambien, stool softener, Lidoderm patches and omeprazole, simvastatin, and vitamins. The MRI of the lumbar spine dated 5/1/2014 documented evidence of L5-S1 anteriorolisthesis and neural foraminal compromise. There are several other disc herniations with impingement of nerve roots and unfortunately these proceed throughout the lumbar spine including the L1-L2. The objective findings on examination included scoliosis was noted; diminished range of motion to the lumbar spine tenderness to palpation from L2-L5; positive visible right thoracic paraspinal muscle spasms noted; positive left lower paraspinal spasm and tenderness noted; SI joint tenderness; positive SLR bilaterally; hammer toe formation bilaterally four digits 2-4; light touch sensation was decreased in the bilateral lower extremities; motor strength was 3/5 in the bilateral lower extremities. The treatment plan included Tylenol #4 #120; a lumbar epidural steroid injection; and a neurosurgical consultation. The patient was authorized the lumbar spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery Consultation: 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 (updated 07/03/2014) Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation chapter 7 page 127; Official Disability Guidelines (ODG) Shoulder Chapter--impingement surgical intervention.

Decision rationale: There is no objective evidence to support the medical necessity of a neurosurgical consultation, as the patient is not demonstrated to have any objective findings consistent with a change in neurological status. The requesting physician has documented no ongoing progressive neurological changes for this patient. The patient was noted to have had an ongoing history of pain to the lumbar spine radiating to the bilateral lower extremities, which add just increased over the past month. There was no performed conservative treatment for the increase in pain. The neurosurgical consultation is requested prior to obtaining the results of the authorized epidural steroid injection to the lumbar spine and the post-injection PT. There are no documented changes in the documented neurological deficits. The evaluation by a neurosurgeon would be more prudent after the lumbar spine ESI with the postoperative rehabilitation. Upon documented failure of the ESI and PT, a neurosurgical consultation would be medically necessary. Prior to the performance of the authorized lumbar ESI, there is no demonstrated medical necessity for a neurosurgical consultation.