

Case Number:	CM14-0152109		
Date Assigned:	09/22/2014	Date of Injury:	11/16/2011
Decision Date:	10/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 31-year-old male with a 11/16/11 date of injury. At the time (8/24/14) of request for authorization for 2nd Opinion with neurosurgeon, there is documentation of subjective (severe low back pain associated bilateral leg pain and numbness with spasm) and objective (diffuse tenderness over the mid to lower lumbar spine, decreased lumbar spine range of motion with pain, intact sensation to pinprick and light touch, and 5/5 motor strength in bilateral lower extremities) findings, imaging findings (MRI of the lumbar spine (2/13/14) report revealed left posterior annulus tear with minimal left posterolateral disc protrusion abutting the nerve root within the left L5-S1 foramen but no definite nerve root displacement or impingement is identified), current diagnoses (lumbago, bilateral L5-S1 radiculopathy, and L5-S1 herniated nucleus pulposus), and treatment to date (medications). There is no documentation of objective signs of neural compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Opinion with neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition (2004) Chapter 7 on Independent Medical Examination and Consultations, page 127

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

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of persistent, 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, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of lumbago, bilateral L5-S1 radiculopathy, and L5-S1 herniated nucleus pulposus. In addition, given documentation of subjective (severe low back pain associated bilateral leg pain and numbness with spasm) findings, there is documentation of persistent, severe, and disabling lower leg symptoms. Furthermore, there is documentation of failure of conservative treatment (medications). Lastly, given documentation of imaging (left posterior annulus tear with minimal left posterolateral disc protrusion abutting the nerve root within the left L5-S1 foramen) findings, there is documentation of abnormalities on imaging studies (radiculopathy). However, given documentation of objective (intact sensation to pinprick and light touch and 5/5 motor strength in bilateral lower extremities) findings, there is no documentation of objective signs of neural compromise. Therefore, based on guidelines and a review of the evidence, the request for 2nd Opinion with neurosurgeon is not medically necessary.