

Case Number:	CM14-0153819		
Date Assigned:	09/23/2014	Date of Injury:	12/04/2002
Decision Date:	12/03/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 55-year-old female who was injured on December 4, 2002. The patient continued to experience pain in the left knee and lower back. Physical examination was notable for decreased range of motion of the lumbar spine, painful range of motion of the left knee, normal strength on ankle plantar flexion and dorsiflexion, and grossly intact sensation to the lower extremities bilaterally. Diagnoses included osteoarthritis of the left knee, sacroilitis, degeneration of the lumbar disc, lumbar stenosis, and lumbosacral spondylosis without myelopathy. MRI of the lumbar spine showed 12 degree lumbar scoliosis and severe spinal stenosis at L2-3, L3-4, and L4-5. The patient was seen by an orthopedic surgeon who recommended that surgery be considered as an option with goals to preserve neurologic function and potentially help with some of the pain. The likelihood of a cure was very low. Treatment included medications, and surgery. Request for authorization for orthopedic consultation for second opinion was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: second opinion with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS) Chapter 7 page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 307.

Decision rationale: Spinal stenosis usually results from soft tissue and bony encroachment of the spinal canal and nerve roots. It has a gradual onset and usually manifests as a degenerative process after age 50. Evidence does not currently support a relationship with work. The surgical treatment for spinal stenosis is usually complete laminectomy. Elderly patients with spinal stenosis who tolerate their daily activities usually do not require surgery unless bowel or bladder dysfunction develops. Surgery is rarely considered in the first three months after onset of symptoms, and a decision to proceed with surgery should not be based solely on the results of imaging studies. Some evidence suggests that patients with moderate to severe symptoms may benefit more from surgery than from conservative treatment. In this case there is no documentation that the patient is experiencing any neurologic dysfunction. In addition there is no documentation that the patient is considering the surgical procedure. The request is not medically necessary.