

Case Number:	CM14-0156657		
Date Assigned:	09/26/2014	Date of Injury:	10/28/1998
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old male who reported a date of injury of 10/28/1998. The mechanism of injury was not indicated. The injured worker had diagnoses of unspecified ankle sprain, panic disorder, lumbago, and sciatica. Prior treatments, diagnostic studies and surgeries were not indicated within the medical records provided. The injured worker had complaints of lower back pain that radiated to the calves, feet, and thighs bilaterally. The injured worker described the pain as an aching, burning, piercing, sharp, shooting, stabbing and throbbing, and stated the pain was aggravated by bending, daily activities, sitting, standing, walking, and symptoms were relieved with pain medications. The clinical note dated 09/24/2014 noted the injured worker had moderate pain with range of motion of the lumbar spine with spasms, piriformis tenderness, and a straight leg raise caused back pain bilaterally. Range of motion in the injured worker's lumbar spine was 35 degrees of lateral flexion bilaterally, 35 degrees of extension, 80 degrees of flexion, full rotation, and the range of motion of the right hip was 30 degrees of adduction. Medications included diclofenac sodium and Lidoderm patches. The treatment plan included the continued use of medications, and the physician's recommendation for a referral to neurosurgery, and to followup in 3 weeks. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CONSULT AND TREAT WITH NEURO SURGEON, FOR LUMBAR SPINE INJURY, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker had complaints of lower back pain that radiated to the calves, feet, and thighs bilaterally. The injured worker described the pain as an aching, burning, piercing, sharp, shooting, stabbing and throbbing, and stated the pain was aggravated by bending, daily activities, sitting, standing, walking, and symptoms were relieved with pain medications. The California MTUS/ACOEM Guidelines state referrals for surgical consultation is indicated for patients with low back complaints who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies such as radiculopathy, preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 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; failure of conservative treatment to resolve disabling radicular symptoms. Patients with acute low back pain alone without findings of serious conditions or specific nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. There is a lack of documentation indicating the injured worker has severe disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies. There is a lack of documentation indicating the injured worker has activity limitations longer than a month due to radiating leg pain. Furthermore, there is a lack of documentation indicating clear clinical, imaging or electrophysiologic evidence of a lesion. Additionally, there is a lack of documentation indicating the injured worker failed conservative treatments to resolve his symptoms. As such, the request is not medically necessary.