

Case Number:	CM14-0028584		
Date Assigned:	06/25/2014	Date of Injury:	11/29/2012
Decision Date:	12/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal 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:

The injured worker is a 31-year-old male, with a reported date of injury of 11/29/2012. The result of injury was low back pain and left leg pain and numbness. The current diagnosis includes displacement of lumbar intervertebral disc without myelopathy. The past diagnoses include L5-S1 a two millimeter disc protrusion and facet cyst, resulting in foraminal narrowing, and left L5 radiculopathy. Treatments included a trigger point injection, which helped improve the symptoms for three (3) days; three (3) epidural injections, with some improvement in symptoms; physical therapy; an MRI of the lumbar spine, which showed a two millimeter disc protrusion and facet cyst, resulting in foraminal narrowing at the L5-S1 area; Naprosyn; hydrocodone; Ibuprofen; and Lyrica 75mg twice a day. The progress report dated 02/03/2014 indicated that the injured worker continued to have persistent pain in the low back and numbness in the left leg. The pain was rated a 6 out of 10. It was also noted that the previous trigger point injection did not help improve the injured worker's symptoms significantly. The objective findings showed a normal gait pattern; normal range of motion in flexion and extension at 75%; tenderness to palpation in the lumbar paraspinals; negative bilateral straight leg raise; decreased sensory in the left leg; normal motor strength in the bilateral hips and knees; and bilateral 2+ deep tendon reflexes in the knees and ankles. The treating physician indicated that a referral to a spine surgeon is recommended due to the persistent symptoms. The injured worker remained in a current modified work status, with the ability to lift up to 10 pounds. On 02/20/2014, Utilization Review (UR) denied the request for a referral to the spinal surgeon for the lumbar spine, per the 02/03/2014 report QTY: 1.00. The UR physician noted that the medical records do not provide documentation of the extent of the recommended conservative treatment completed for the injured worker's back complaints, the outcome treatment in addition to the trigger point injections, red flags, or neurological findings that are suggestive of lumbosacral pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Spinal Surgeon, Lumbar Spine, per 02/03/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Page 112 & 127

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); Consultations, Chapter 7, Page 127 and Official Disability Guidelines (ODG); Pain Section, Office Visits.

Decision rationale: Pursuant to the ACOEM, referral to spine surgeon, lumbar spine (date of service February 3, 2014) is not medically necessary. The guidelines state occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The consultation is designed to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and or the examinee's fitness for return to work. In this case, the injured worker is a 28-year-old man with a work related injury to the lower back November 29, 2012. MRI of the lumbar spine showed L5 - S1 mild to moderate right and moderate left neuroforaminal narrowing from bilateral L5 pars defects associated with minimal L5 on S1 anterolisthesis, or 2 mm broad-based disc bulge, and a 5 mm right facet joint system directed to the right lateral recess and neural foraminal zones. The injured worker has persistent pain in the low back with numbness in the left leg and gait pattern is normal. There is no complaint of increasing pain but with extremes of range of motion. In a progress and dated November 18, 2013, the injured worker reached maximal medical improvement. Physical therapy was provided on and around November of 2013. Physical survey provided "some relief" according to the documentation. There were 6 physical therapy sessions in the record. A trigger point injection was given that provided three days of relief. There was no documentation indicating medication (other than Advil) was used for this patient. The documentation reflected insufficient conservative measures were used prior to the consultation request. There was no documentation in the medical record of red flags progressive neurological deterioration suggestive of lumbosacral pathology that supports the need for a referral to a spine surgeon. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, referral to a spine surgeon- lumbar spine (date of service February 3, 2014) is not medically necessary.