

Case Number:	CM14-0034306		
Date Assigned:	06/20/2014	Date of Injury:	01/20/2014
Decision Date:	07/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 Neurology 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 25 year-old male who reported an injury to his lower back when he fell approximately six-feet from a ladder on 1/20/14. Medical reports from 2/13/14 and 2/25/14 indicate that the patient suffers low back pain and sciatica to his right foot with positive SLR and numbness and tingling in the first three toes of the right foot. The initial report indicates positive bowel and bladder signs; symptoms of tenesmus and multiple urination during the day. An MRI of lumbar spine (2/21/14) showed normal results. Clinical findings yield DTR 2+ equal bi-laterally, lumbar ROM limited secondary to pain, normal gait, and negative Waddell's. Conservative therapies include medications (Motrin, Skelaxin, and Ultracet), physical therapy with home exercise plan, and Chiropractic manipulation. Records indicate patient's compliance with recommended treatment plans and some subsequent improvement in symptomology. The medical report of 2/13/14 requested a referral to a neurosurgeon for consultation. This request was denied in a utilization review dated 3/13/14. Upon review of the documentation provided for this independent medical review and in accordance with MTUS' incorporation of the ACOEM Guidelines, the request for a neurosurgical consult is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Neurosurgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306.

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

Decision rationale: With regard to low back pain that does not respond to conservative therapies within the first three months, the ACOEM Treatment Guidelines discussion of surgical referrals indicate that surgery is considered only where an obvious disk herniation is causing serious spinal pathology or nerve root dysfunction. In the absence of anatomical evidence of disk-neural element contact, a surgical consult may be indicated if the patient suffers severe and disabling lower leg symptoms congruent with abnormalities on imaging studies with accompanying objective signs of neural compromise; radiating leg pain limiting activity for more than a month or an extreme progression of symptomology; clear clinical imaging and electrophysiologic evidence of lesion which have been shown to improve from surgical repair; and failure of conservative treatment options to alleviate disabling radicular symptoms. In this case, the lumbar MRI is reported as normal; the patient's radicular symptomology has not progressed; there are no clinically abnormal neurological findings reported; and there are no "red flag" indications which would warrant surgical intervention. Without evidence to support a serious condition or clinically significant nerve root compromise, a surgical consultation for acute low back pain (i.e., secondary to lumbar sprain with sciatica) is not warranted. The request for the referral is not medically necessary.