

Case Number:	CM14-0037375		
Date Assigned:	06/25/2014	Date of Injury:	01/28/2012
Decision Date:	08/07/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational 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:

Patient is a 48 year-old male with date of injury 01/28/2102. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/13/2014, lists subjective complaints as constant severe low back pain and stiffness radiating down to the left knee. Objective findings: Examination of the lumbar spine revealed decreased range of motion due to pain. Spasm and tenderness to palpation of the lumbar paravertebral muscles was noted. Kemp's test caused pain. Diagnosis: 1. Lumbar disc protrusions, facet hypertrophy, and stenosis. 2. Mild hypertrophic changes, lumbar spine. 3. Lumbar muscle spasm. The patient underwent an MRI of the lumbar spine on 02/11/2013. The images showed a L2-3, right paracentral cranially dissecting disc extrusion abutting the thecal sac. Combined with facet and ligamentum flavum hypertrophy producing spinal canal narrowing, right greater than left lateral recess and bilateral neural foraminal narrowing. There is a right posterior lateral annular/fissure. At L3-4, facet and ligamentum flavum hypertrophy produces bilateral neural foraminal narrowing. At L4-5, there is a broad-based disc protrusion it abuts the thecal sac. Combined with facet ligamentum flavum hypertrophy, there is spinal canal narrowing as well as bilateral recess and neural foraminal narrowing. At L5-S1, there is a broad-based disc protrusion that abuts the thecal sac. Combined with facet ligamentum flavum hypertrophy there is spinal canal narrowing as well as bilateral recess and neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with neurosurgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary.

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) Chapter 7, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: The lumbar MRI of 02/11/2013 shows a right-sided extruded L2-3 disc. The patient has right-sided radicular-type pain radiating to the right thigh which is classic for an L3 radiculopathy. There is no record that the patient has undergone an L2-3 discectomy. According to the California Medical Treatment Utilization Schedule (MTUS), a consultation is ordered 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. A consult it is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The patient requires additional input from a neurosurgeon to aid in therapeutic management.