

Case Number:	CM14-0037896		
Date Assigned:	06/25/2014	Date of Injury:	11/18/2008
Decision Date:	08/05/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/31/2014

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 Orthopedic Surgery and is licensed to practice in Texas and 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 39-year-old male who reported an injury on 11/18/2008. The documentation of 02/10/2014 revealed the injured worker had a recent history of exacerbation of pain. The injured worker was noted to have back surgery from L4 through S1. The mechanism of injury was a stack of pipes fell on the injured worker and crushed his vertebrae. The injured worker indicated he had previous neurosurgical treatment. The objective findings revealed the injured worker had tenderness to palpation of the low back. There was pain with movement. There were no gross deformities. There was limited range of motion. Neurovascular function to the lower extremities was noted to be intact. The treatment included medications, physical therapy, and a referral for a neurosurgeon as well as an MRI. It was indicated the neurosurgeon would require a recent lumbar MRI. The diagnosis included lumbar sprain/strain and back ache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon Consultation for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 701.

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

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies radiculopathy preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and longterm range of motion surgical repair. There should be documentation of a failure of conservative treatment to resolve radicular symptoms. The clinical documentation submitted for review indicated the injured worker was being treated with physical therapy. There was a lack of documentation of a failure of conservative treatment to resolve radicular symptoms. There was a lack of documentation of clear evidence as it was indicated the neurovascular examination was within normal limits. There was no MRI or EMG/NCV that was submitted for review. There was a lack of documentation of activity limitations due to radiating leg pain. Given the above, the request for neurosurgeon consultation for the lumbar spine is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 701.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The Official Disability Guidelines do not routinely recommend a repeat MRI and indicate it should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation indicated the injured worker would need a new MRI for the referral to the neurosurgeon. There was a lack of documentation indicating the injured worker had a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for MRI of the lumbar spine is not medically necessary.