

Case Number:	CM14-0038805		
Date Assigned:	06/27/2014	Date of Injury:	03/27/2000
Decision Date:	08/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/02/2014

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 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:

This 54-year-old female sustained an industrial injury 6/27/00. The mechanism of injury was not documented. Records indicated the patient had severe cervical spine discogenic changes with mild cord compromise at the C5/6 level and lumbosacral degenerative change in the facets at L5/S1. The progress reports over the past year indicated pain ranging from 5-10/10. Medications have been documented as helpful. Bilateral arm and right lower extremity pain was reported, but no dermatomal distribution was documented. There were no objective findings of neural compromise documented. Muscle strength and reflexes were documented as normal. The 3/13/14 treating physician chart note cited low back and neck pain. The patient used all 15 descriptors to describe her pain, which was rated 10/10. She felt like she needed surgery. Objective findings included complaints of neck pains and pain into her right hip. Pain goes down both arms and the right leg. The small of her back hurts. The diagnosis was degenerative disc disease of the cervical and lumbar spine. The treatment plan recommended a surgical consultation. Medication management included Oxycontin, Norco, Xanax, Pristiq, and Trazodone. The patient was reported as still smoking and encouraged to quit. She was to continue her home exercise program. The 3/31/14 utilization review denied the request for a surgical consult for the low back based on an absence of documentation to support the medical necessity and lacking a reasoning for the referral. There was no diagnostic testing documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consult for the Low Back, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: low back complaints; Surgical considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202.

Decision rationale: The ACOEM revised low back guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral is indicated for patients 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 activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have not been met. There is no specific documentation of dermatomal patterned leg pain. There are no objective findings of neural compromise. There is no documentation of a surgical lesion with nerve root compromise on imaging. There is no detailed documentation that recent comprehensive conservative treatment had been tried and failed. Therefore, this request for surgical consult for the low back is not medically necessary.