

Case Number:	CM14-0039619		
Date Assigned:	06/27/2014	Date of Injury:	06/17/2011
Decision Date:	08/15/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 patient is a 42-year-old female with a date of injury of July 17, 2011. She injured her back during a slip and a fall. She has chronic low back pain. She also has a diagnosis of fibromyalgia, chronic fatigue, anxiety, and depression. Treatment has included yoga, chiropractic care, physical therapy, acupuncture, massage, and an epidural steroid injection to the sacroiliac joints. The patient continues to have pain. On physical examination the patient has tenderness palpation to the lumbar spine and reduced range of motion of the lumbar spine. Motor strength is normal in the bilateral lower extremities with the exception of left ankle dorsiflexion which is 4+ over 5 left ankle plantar flexion which is 4/5. There is diminished sensation in the left L5-S1 dermatomes. Reflexes are 2+ in the lower extremities but 1 out of 4 in the left ankle. Lumbar MRI shows L5-S1 disc bulge annular tear and L5 lipoma and L3-4 bulging disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Surgical Spine Evaluation for lumbar spine per DWC form dated 1/20/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low back pain chapter.

Decision rationale: The medical records indicate that this patient has total body pain. Patient has a diagnosis of fibromyalgia. The patient has had 2 previous MRIs. The lumbar MRIs in December 2012 and in January 2013 show L5-S1 annular bulge with a small lipoma and left L5-S1 neuroforamen is not compromising the left L5 nerve root. The patient had a spine consultation in April 2013. There is no need for an additional referral to a spine specialist. The patient has already been seen by a spine specialist. The repeat MRI does not document significant change from past MRI. Guidelines for surgical intervention for lumbar spine decompression are not met. Therefore, this request is not medically necessary.