

Case Number:	CM14-0050879		
Date Assigned:	07/07/2014	Date of Injury:	02/02/2004
Decision Date:	09/16/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/18/2014

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 Neurologist and is licensed to practice in Texas, Ohio, and Massachusetts. 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 60-year-old male who reported injury on 02/02/2004. The mechanism of injury was not provided. Other treatments included; a spinal cord placement and removal and a right trochanteric bursal injection as well as multiple right-side radiofrequency ablations. The documentation indicated the injured worker underwent a lumbar spine MRI on 11/14/2013 and had left lateral recess disc protrusion at L3-L4 causing a mild mass effect on the transiting left L4 nerve root. Additionally, there was right lateral recess 3 mm superior disc extrusion causing mild mass effect on the transiting right L5 nerve root. Mild disc bulges were seen at L2-L3, L3-L4 and L4-L5 with minimal disc protrusion at L4-S1. Documentation of 01/09/2014 revealed the injured worker had low back pain. The documentation of 01/08/2014 revealed the injured worker had a great deal of low back pain. This indicated that conservative care did not work. The physical examination revealed the injured worker walked into the office crouched over, flexed at the waist at 30 degrees. The injured worker had difficulty getting on and off the examination table and moved in a slow fashion. Motor sensation and tone were intact. The treatment plan included a consultation with a neurosurgeon. The diagnosis was lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neurocompromise, activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit and the failure of conservative treatment. The clinical documentation submitted for review indicated there was a failure of conservative treatment. However, there was lack of documentation of clear clinical and electrophysiologic evidence of a lesion. The MRI indicated the injured worker had a lesion for which surgical intervention may be appropriate. The request as submitted failed to indicate the body part to be treated with the neurosurgeon referral. Given the above, the request for neurosurgeon referral is not medically necessary.