

Case Number:	CM14-0052862		
Date Assigned:	07/07/2014	Date of Injury:	12/17/2010
Decision Date:	08/13/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 54-year-old male who reported an injury on 12/17/2010. The mechanism of injury was the injured worker was going down a ladder and the ladder slipped out from under him causing him to fall. The documentation of 03/21/2014 revealed the injured worker continued to have low back pain mostly left sided. The pain radiated into his left buttock and posterior thigh. The injured worker had some hip and left groin pain. The back pain increased with prolonged sitting, standing, bending, twisting, lifting and carrying. The documentation indicated the injured worker was not undergoing physical therapy and was not taking medications. The examination of the lumbar spine revealed the injured worker had tenderness across the low back with tenderness of his sacroiliac joint more on the left. The FABER's test, Gaenslen's test and sacroiliac compression test were positive. All straight leg raise tests were positive. The diagnoses included lumbar radiculopathy on the left and left sacroiliac joint dysfunction as well as a 3 mm posterior disc protrusion at L5-S1. The treatment plan included the injured worker had seen another physician regarding his left hip and the assessment was that the injured worker had a labral tear with a cam type impingement and left lower extremity paresthesias. The physician opined that a small amount of the symptoms the injured worker was experiencing at the level of the hip was not that severe and most of these symptoms were coming from the lumbosacral spine and sacroiliac joint. Therefore, there was a recommendation for a referral to a surgical spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to spine surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305.

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

Decision rationale: The ACOEM guidelines indicate that a referral for a surgical consultation may be appropriate for an injured worker who has severe and disabling lower leg symptoms and a distribution consistent with abnormalities on imaging preferably with accompanying objective signs of neuro compromise. There should be documentation of activity limitations due to radiating leg pain for more than one month or the extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging and electrophysiological evidence of a lesion that has been shown to benefit in both a short and long term from surgical repair as well as documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to indicate the injured worker had activity limitations due to radiating leg pain. There was a lack of documentation including imaging and electrophysiological evidence of a lesion. There was a lack of documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Given the above, the request for a referral to a spine surgeon is not medically necessary.