

Case Number:	CM14-0066846		
Date Assigned:	07/11/2014	Date of Injury:	09/20/2006
Decision Date:	09/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine & Rehabilitation has a subspecialty in and is licensed to practice in Nevada. 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 records presented for review indicate that this 51 year-old male was reportedly injured on 9/20/2006. The mechanism of injury is not listed. The most recent progress notes dated 2/26/2014 and 3/28/2014 indicate that there are ongoing complaints of low back pain with radiation to bilateral feet. Physical examination demonstrated non-antalgic gait; tenderness to lumbar paraspinal; positive facet loading; restricted passive lumbar ROM due to pain and normal active lumbar ROM; Patellar Reflex 2/4, Achilles Reflex 1/4; normal sensation in lower extremities. MRI of the lumbar spine dated 4/16/2013 demonstrated a far left lateral disk protrusion at L3/4 causing mass effect at the exiting left L3 nerve root, disk protrusion at L4/5 causing mild mass effect on the left L5 nerve root, stable contact of the bilateral exiting L5 nerve roots, moderate facet arthropathy at L4/5, L5/S1. Discogram of the lumbar spine dated 8/23/2013 demonstrated concordant pain at L2/3 and less severe concordant pain at L5/S1. Previous treatment includes physical therapy as well as Norco and Zanaflex. A request had been made for consultation with orthopedic surgeon for 2nd opinion for possible surgery and was not certified in the utilization review on 4/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Orthopedic Surgeon for Second Opinion for Possible Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines

(OMPG): Cornerstones of Disability Prevention and Management, Chapter 5, page 92
Occupational Medicine Practice Guidelines (OMPG): Independent Medical Examinations and Consultations, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS/ACOEM practice guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The claimant has chronic low back pain with pain in the feet after an injury in 2006. Lumbar spine surgery had been previously recommended in non-certified. A review of the available medical records, reveals a positive discogram and MRI of the lumbar spine, but fails to document any objective and/or new neurological deficits for which spine surgery would be indicated. In addition, there are no electrodiagnostic studies (EMG/NCV) studies of the lower extremities to confirm the foot pain is related to the lumbar spine. Given this lack of clinical documentation, the request for a 2nd opinion for surgery is not considered medically necessary.