

Case Number:	CM14-0069893		
Date Assigned:	09/05/2014	Date of Injury:	11/05/2012
Decision Date:	10/10/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 Emergency Medicine 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 33-year-old male who was injured on November 5, 2012. The patient continued to experience pain in his low back and left hip. Physical examination was notable for antalgic gait, diffuse tenderness of the lumbar spine, decreased sensation to left L3, L4, L5, and S1 dermatomes, decreased motor strength on left lower extremity, positive left straight leg raise, and tenderness to palpation of the L5-S1 facets bilaterally. Diagnoses included lumbar radiculopathy and lumbar herniation at L4-5 with left-sided neural foraminal narrowing. Treatment included acupuncture, chiropractic therapy, sacroiliac injection, home exercise program, and medications. Request for authorization for general orthopedic follow up was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

General orthopedic follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd edition, pg 127, consultation

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

Decision rationale: Referral to an orthopedic specialist is necessary when a surgical procedure is being considered. Referral for surgical consideration is indicated for patients who have 1)

severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, 2) activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, 3) clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and 4) failure of conservative treatment to resolve disabling radicular symptom. In this case there is no imaging or electrophysiologic evidence of a lesion that will benefit in both the short and long term from surgical repair. Medical necessity has not been established. The request is not medically necessary and appropriate.