

Case Number:	CM14-0070847		
Date Assigned:	07/14/2014	Date of Injury:	05/09/2008
Decision Date:	08/13/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/16/2014

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 and Rehabilitation and Pain Management and is licensed to practice in California. 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:

This 40 year-old patient sustained an injury on 5/9/08. The request under consideration include 1 spine surgeon consult. The diagnoses included lumbosacral disc degeneration. The patient continues to treat for ongoing chronic low back pain and radiculopathy. The report of 3/21/14 from the provider noted the patient with continued low back pain with radiation into bilateral lower extremities rated at 5/10 with pain medication and 9/10 without. The medications list Tramadol, Soma, and Zantac. The exam showed tenderness throughout lumbar paraspinal musculature bilaterally, active myofascial trigger point, decreased lumbar range of motion; positive straight leg raise; diffuse hypersensitivity along L3-5 dermatomes on left. The conservative care has include medications, physical therapy, lumbar epidural steroid injections, psychological treatment, and modified activity/rest. The request for 1 spine surgeon consult was not medically necessary on 5/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spine surgeon consult: 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:.

Decision rationale: The electrodiagnostic studies performed on 8/27/13 had normal impression. The orthopedic agreed medical evaluation (AME) report of 11/16/10 noted lumbar spine exam with intact neurological exam of normal 5/5 motor strength and normal sensation. It was noted the patient exhibited symptom magnification as subjective complaints were out of proportion to objective findings. There was non-verifiable radicular root pain without objective physical, imaging or electromyographic findings of disc herniation or nerve root impingement. The patient was deemed P&S without surgery indicated and no additional physical therapy, chiropractic care or acupuncture required. There was repeat MRI of lumbar spine dated 3/3/12 with disc protrusion at L3-4 without canal or neural foraminal stenosis evident. The submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the orthopedic AME has no recommendation for surgery. The examination has no specific neurological deficits correlating with any remarkable diagnostic findings to render surgical treatment. The EMG/NCV was normal and MRI of lumbar spine showed no canal or neural foraminal stenosis or instability, remarkable for any surgical lesion. The 1 spine surgeon consult is not medically necessary and appropriate.