

Case Number:	CM14-0080098		
Date Assigned:	07/18/2014	Date of Injury:	05/12/2000
Decision Date:	09/17/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Pain Management and Rehabilitation, 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 patient sustained an injury on 5/12/2000 while employed by [REDACTED]. Request under consideration include 1 Consultation with Spine Surgeon for low back. Diagnoses include Lumbar sprain/strain. Report of 4/11/14 from the provider noted the patient with ongoing chronic low back pain radiating to bilateral legs. Exam showed lumbar tenderness to palpation on right paraspinal area; decreased range in flex/ext; positive right SLR on right (no degree or position specified), muscle spasm. Treatment included TENS unit and spine consult. Report of 5/9/14 noted patient with intermittent moderate pain in the low back with radiation to bilateral legs. The patient is not interested in ESI. He did not find PT helpful but acupuncture gave him better range of motion. Exam showed similar and unchanged findings from previous month visit with tenderness, decreased flex/ext, positive SLR (non-specified) and muscle spasm. Diagnoses included lumbar spine sprain/strain with radicular complaints; MRI with 3-4 mm disc bulges at L2-5 (without canal or neural foraminal stenosis). Treatment was for continued acupuncture, spine consult for persistent symptom, and EMG/NCV. Medication refills were for Omeprazole, Naproxen, and Tramadol. The patient was "Post P&S." The request for 1 Consultation with Spine Surgeon for low back was non-certified 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 Consultation with Spine Surgeon for low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation <http://www.acoempracguides.org/> low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

Decision rationale: This patient sustained an injury on 5/12/2000 while employed by [REDACTED]. Request under consideration include 1 Consultation with Spine Surgeon for low back. Diagnoses include Lumbar sprain/strain. Report of 4/11/14 from the provider noted the patient with ongoing chronic low back pain radiating to bilateral legs. Exam showed lumbar tenderness to palpation on right paraspinal area; decreased range in flex/ext; positive right SLR on right (no degree or position specified), muscle spasm. Treatment included TENS unit and spine consult. Report of 5/9/14 from the orthopedic provider noted patient with intermittent moderate pain in the low back with radiation to bilateral legs. The patient is not interested in ESI. He did not find PT helpful but acupuncture gave him better range of motion. Exam showed similar and unchanged findings from previous month visit with tenderness, decreased flex/ext, positive SLR (non-specified) and muscle spasm. Diagnoses included lumbar spine sprain/strain with radicular complaints; MRI with 3-4 mm disc bulges at L2-5 (without canal or neural foraminal stenosis). Treatment was for continued acupuncture, spine consult for persistent symptom, and EMG/NCV. Medication refills were for Omeprazole, Naproxen, and Tramadol. The patient was "Post P&S." The request for 1 Consultation with Spine Surgeon for low back was non-certified on 5/1/14. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult for this P&S patient. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study remarkable for any surgical lesion as MRI has no evidence for canal or foraminal stenosis. Guidelines support surgical consultation for the purpose of clarification of the treatment plan and diagnosis when there are presentations of persistent, severe and disabling symptoms with red-flag conditions identified to suggest possible instability, failure to increase in range in therapy with extreme progression of symptoms, and neurological deficits of muscular strength and specific sensory loss to suggest a surgical lesion that is imaging confirmed, not seen here as the patient reported better range of motion with acupuncture treatment now being further requested. The patient has also deferred from ESI for unchanged chronic symptoms without new injury, acute flare-up or clinical progression. Submitted reports have not adequately demonstrated support for this spine consultation. The 1 Consultation with Spine Surgeon for low back is not medically necessary and appropriate.