

Case Number:	CM14-0086021		
Date Assigned:	07/23/2014	Date of Injury:	08/13/2008
Decision Date:	09/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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 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:

The injured worker is a 65-year-old male who reported injury on 08/13/2008. The documentation indicated the injured worker underwent a lumbar MRI on 08/29/2013, which revealed multilevel degenerative changes, disc bulging, facet arthropathy, and ligamentous hypertrophy at L3-5. The injured worker underwent an EMG on 11/14/2008 which revealed bilateral lumbar radiculopathy and S1 nerve root problems. Both studies were documented per the physician documentation. The injured worker's medication history included Ambien, Motrin, Diovan, Zetia, Crestor, Lexapro, Norco, and hydroxyzine. The documentation of 05/13/2014 revealed the injured worker had chronic low back pain, bilateral leg pain, and poor intolerance to prolonged sitting, standing, and walking. The injured worker indicated his left leg and feet are cold. The injured worker indicated his left leg gives up often. The injured worker did not have a physical examination on the date of request. The diagnosis included lumbar radiculopathy, leg pain, and gait derangement. The treatment plan included an appointment with a surgeon and the use of a back brace. Additional treatment included a TENS unit for home use. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Consult and Treat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms and a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be documentation of 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. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had undergone an MRI and EMG. However, those official results were not provided for review. Additionally, there was a lack of documentation indicating the type of conservative care that was participated in and provided. There was a lack of documentation of objective findings as there was no physical examination submitted with the requested paperwork. There was no documented rationale for the consultation. There can be no treatment of the injured worker without an initial consultation. Given the above, the request for Spine Consult and Treat is not medically necessary.