

Case Number:	CM13-0022205		
Date Assigned:	11/22/2013	Date of Injury:	03/06/1994
Decision Date:	12/04/2015	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 3-6-94. The injured worker was being treated for low back pain, degenerative osteoarthritis of lumbosacral spine, spinal stenosis, right lower extremity radiculitis and meralgia paresthetica of left thigh. On 5-6-13 and 8-14-13, the injured worker complains of low back pain and feeling of numbness and tingling on plantar aspect of both feet. Work status is permanently disabled. Physical exam performed on 5-6-13 and 8-14-13 revealed normal lumbar lordotic curve, tenderness to bilateral midline at lumbosacral junction and restricted range of motion due to pain. Treatment to date has included Ibuprofen and Voltaren and activity modifications. The treatment plan included continuation of Ibuprofen and Voltaren and request for authorization for spine specialist-surgeon. On 8-28-13 request for spine specialist-surgeon was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to a Spine Specialist/Surgeon for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/lowback>; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: CA MTUS/ACOEM Guidelines address the indications for patients with low back pain to be referred to a spinal surgeon. In this case, the patient's injury is over 21 years old and he has chronic low back pain. The request is for a consultation with a spine surgeon. The patient's only symptoms appear to be numbness and tingling in the plantar aspect of both feet and tenderness to palpation in the lumbar spine area diffusely. There is no rationale advanced concerning the necessity of a surgical consultation as the patient does not appear to be a surgical candidate. His symptoms appear to be secondary degenerative changes. It is also unclear what a spinal surgeon could offer at this point that would enhance the treatment of this patient. Therefore the request is not medically necessary or appropriate.