

Case Number:	CM14-0187006		
Date Assigned:	11/17/2014	Date of Injury:	01/28/2000
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgery 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 fifty-two year old female who sustained a work-related injury on January 28, 2000. Diagnoses associated with the injury included sprain/strain of the thoracolumbar spine and thoracolumbar radiculopathy. A request for a follow-up office visit with an orthopedic surgeon for management of symptoms related to the thoracic and lumbar spine was noncertified by Utilization Review (UR) on October 30, 2014. The UR physician determined that because the CA MTUS treatment guidelines recommend that a specialist referral or evaluation is supported if the injured worker has a significant pathology or a treatable pathology and imaging studies are obtained. The UR physician found that in the documentation submitted for review there were no imaging study reports for evaluation and no documented significant objective physical findings on examination which supported the medical necessity of a referral to an orthopedic surgeon. A request for Independent Medical Review was initiated on November 3, 2014. A review of the documentation submitted for independent medical review included a physician's report dated August 22, 2014 which revealed that the injured worker had moderate pain in her mid to lower back described as a six (4) on a ten (10) point scale. She described her mid back pain as constant, stabbing pressure and her low back pain constant, stabbing pressure with radiation to the left hip. The injured worker occasionally used a back brace as an assistive device. On examination, the injured worker had an upright posture and a nonantalgic gait. She had mildly positive paraspinal tenderness noted to the mid thoracic and lumbar spine. Her muscle strength was within normal limits. Diagnoses associated with this visit included lumbar and thoracic spine sprain/strain, lumbar spine radiculopathy and complaint of right lower extremity paresthesias. The injured worker's work status was assumed to be permanent and stationary. A physician's report dated October 13, 2014 indicated that the injured worker had no changes in her physical examination. The specific findings were not documented. The treatment

plan included imaging of the thoracic and lumbar spine and medication continuation. No imaging results were included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow-up office visit with orthopedic surgeon for management of symptoms related to the thoracic and lumbar spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy); accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; 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 failure of conservative treatment to resolve disabling radicular symptoms, as criteria necessary to support the medical necessity of an orthopedic spine referral. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain, thoracic spine sprain/strain, lumbar spine radiculopathy, and complaint of right lower extremity paresthesia. However, given no documentation of subjective/objective radicular findings and no documentation of an imaging report, there is no documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy); accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; 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 failure of conservative treatment to resolve disabling radicular symptoms. Therefore, based on guidelines and a review of the evidence, the request for 1 Follow-up office visit with orthopedic surgeon for management of symptoms related to the thoracic and lumbar spine as an outpatient is not medically necessary.