MAXIMUS Federal Services

Case Number:	CM14-0192663		
Date Assigned:	11/26/2014	Date of Injury:	10/04/2012
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine 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 is a 37 year old male patient who sustained a work related injury on 10/4/12. The patient sustained the injury when he was lifting heavy cases for the store. The current diagnoses include lumbar discopathy with radiculopathy, cervical strain, thoracic strain, left shoulder SLAP tear, left shoulder strain, left shoulder impingement syndrome, left wrist strain, right knee posterior horn meniscus tear, right inguinal hernia, depression, and cubital tunnel syndrome. Per the doctor's note dated10/2/2014, the patient has complaints of pain, numbness and tingling of the left hand, weakness of the left shoulder and right knee, pins and needles, numbness of left arm, and difficulty sleeping at night. A physical examination of the cervical region revealed tenderness, muscle spasms, and limited range of motion. A physical examination of the Thoracic region revealed tenderness and muscle spasms and lumbar examination findings included tenderness with myospasm, limited range of motion, and positive orthopedic testing for sciatic nerve tension. Left shoulder and right knee exam findings included tenderness and restricted range of motion; left wrist exam findings included tenderness, limited range of motion, and positive orthopedic testing for carpal tunnel syndrome. Per the doctor's note dated 12/2/14 patient had complaints of neck pain that radiates down left upper extremity and low back pain at 6-7/10. A physical examination revealed limited range of motion of the cervical and lumbar region, tenderness on palpation, decreased sensation in the left upper extremity , with the in dermatone C6-7; decreased sensitivity to touch along the L5-S1 dermatome n the right lower extremity, straight leg raise in the seated position was positive at the 70 degrees.The current medication lists include Advil, Tramadol, Trazodone, and Naproxen. The patient has had lumbar spine MRI, on 11/21/2012 that revealed disc bulging at L4-5 and LS-51 with foraminal encroachment bilateral at LS-51, greater on the right; an EMG/NCV, on 1/24/2013 that revealed acute bilateral L4, LS, and 51 radiculopathy. The patient's surgical history includes lumbar

epidural steroid injection, on 8/19/2014, with minimal relief of pain. The patient has received an unspecified number of the acupuncture, physical therapy, chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic spine specialist evaluation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 166, 180, 289, 305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise."The current diagnoses include lumbar discopathy with radiculopathy, cervical strain, thoracic strain, left shoulder SLAP tear, left shoulder strain, left shoulder impingement syndrome, left wrist strain, right knee posterior horn meniscus tear, right inguinal hernia, depression, and cubital tunnel syndromePer the doctor's note dated 12/2/14 patient had complaints of neck pain that radiates down left upper extremity and low back pain at 6-7/10 and physical examination revealed limited range of motion of the cervical and lumbar region, tenderness on palpation, decreased sensation in the left upper extremity , decreased sensitivity to touch along the L5-S1 dermatome n the right lower extremity, straight leg raise in the seated position was positive at 70 degrees.The patient has had a lumbar spine MRI, on 11/21/2012 that revealed disc bulging at L4-5 and LS-51 with foraminal encroachment bilateral at LS-51, greater on the right; an EMG/NCV, on 1/24/2013 that revealed acute bilateral L4, LS, and 51 radiculopathy. The patient's surgical history includes lumbar epidural steroid injection, on 8/19/2014, with minimal relief of painHe is on multiple medications. This is a complex case with long-standing, chronic low back pain, along with objective evidence of radiculopathy. A referral to an orthopedic spine specialist evaluation and treatment is deemed medically appropriate and necessary.