

Case Number:	CM14-0198869		
Date Assigned:	12/09/2014	Date of Injury:	08/18/2012
Decision Date:	02/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/26/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 8, 2013. In a utilization review report dated November 7, 2014, the claims administrator denied a surgical consultation with a spine surgeon. The claims administrator referenced a July 22, 2014 progress note in its determination. The claims administrator suggested that the applicant had severe, constant 10/10 low back pain radiating into the legs and also suggested that the applicant remain off of work, on total temporary disability. Non-MTUS ODG Guidelines were invoked to deny the spine surgery consultation. The applicant's attorney subsequently appealed. In a November 25, 2014 orthopedic progress note, the applicant reported persistent complaints of low back and neck pain. Occasional right leg pain was noted. The applicant was apparently pending authorization to see a spine specialist. The applicant is apparently receiving medications from yet another provider. Lidoderm patches were nevertheless prescribed. The applicant was placed off of work, on total temporary disability. In a November 4, 2014 emergency department note, the applicant apparently presented with a flare of pain and was given injections of Toradol, Dilaudid, and Benadryl. Norco was prescribed. The applicant was apparently discharged in stable condition. On October 21, 2014, the attending provider noted that the applicant had ongoing complaints of low back pain radiating into the legs status post two epidural steroid injections. The applicant was using Percocet, Cymbalta, Soma, Paxil, Ativan, and Lidoderm, it was acknowledged. Motor function was within normal limits. The attending provider sought authorization for both a pain management referral for medication management evaluation and a spine surgery referral to determine whether the applicant was or was not a surgical candidate. The applicant was placed off of work, on total temporary disability, in the interim. Lumbar MRI imaging dated March 31, 2014 was notable for mild facet overgrowth about the lower lumbar spine, a probable small

synovial cyst about the left L5-S1, and mild degenerative changes with minimal disc bulge noted at T11-T12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consultation with a spine surgeon (lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, applicants with findings of low back pain alone, without associated findings of nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, the applicant does, in fact, have low back pain complaints without any associated findings of nerve root compromise, either clinically or radiographically. Lumbar MRI imaging of March 2014, referenced above, was essentially within normal limits. The attending provider's handwritten progress notes did not outline a compelling case or compelling basis for the proposed spine surgery consultation in the face of the seemingly unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.