

Case Number:	CM14-0208771		
Date Assigned:	12/22/2014	Date of Injury:	08/18/2008
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab 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 41 year-old patient sustained an injury on 8/18/08. Request(s) under consideration include 1 Spine surgery consultation. Diagnoses included thoracic/ lumbosacral musculoligamentous strain with lower extremity radiculitis/ right SI joint sprain; sleep difficulties/ anxiety/ stress/ and depression. Conservative care has included medications, physical therapy, chiropractic treatment, home exercise, and modified activities/rest. The patient continues to treat for chronic ongoing low back pain. Lumbar spine MRI of 8/26/14 was reported to show lumbar disc dessication, facet arthropathy at L4-5 and L5-S1 with disc protrusion at L5-S1 abutting S1 nerve roots. Report of 10/29/14 from the pain management provider noted the patient with continued low back pain radiating into the lower extremities. Exam showed unchanged findings of antalgic gait; tenderness over the lumbosacral area; positive bilateral straight leg raise; positive SI joint irritation; decreased lumbar spine range; decreased sensation at L5 and S1 dermatomes with reduced motor strength in bilateral foot evertor and right invertors. Treatment included bilateral L5-S1 transforaminal lumbar epidural steroid injections, follow-up visit which were authorized and spine surgery consult. The request(s) for 1 Spine surgery consultation was non-certified on 11/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spine surgery consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305.

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

Decision rationale: MRI has no evidence for lumbar instability, significant canal or foraminal stenosis. Guidelines support surgical consultation for the purpose of clarification of the treatment plan and diagnosis when there are presentations of persistent, severe and disabling symptoms with red-flag conditions identified to suggest possible instability, failure of conservative treatments with extreme progression of symptoms, and neurological deficits of muscular strength and specific sensory loss to suggest a surgical lesion that is imaging confirmed. This has not been demonstrated here as the patient continues to receive conservative treatment trial of medications and injections without progression of symptoms or clinical findings for this 2008 chronic injury. The patient has unchanged chronic symptoms without new injury, acute flare-up or clinical progression. Submitted reports have not adequately demonstrated support for this spine consultation. The 1 Spine surgery consultation is not medically necessary and appropriate.