

Case Number:	CM14-0216941		
Date Assigned:	01/06/2015	Date of Injury:	11/05/2013
Decision Date:	03/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/27/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34 year old male who sustained an industrial related injury on 11/5/13. The injured worker had complaints of low back pain with radiation, numbness, and tingling to bilateral legs. Medications included Gabapentin. Treatment included a home exercise program. Diagnoses included lower back pain, upper/lower extremity pain, lumbosacral/joint/ligament sprain/strain, lumbar facet arthropathy, and lumbosacral radiculitis. The treating physician requested authorization for a neurosurgical evaluation and treatment for the lumbar spine. On 12/3/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was a lack of documentation regarding failed or exhausted conservative treatment. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgical evaluation and treatment (lumbar spine): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back-Lumbar and Thoracic, Office visits

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

Decision rationale: FILE NUMBER: CM14-0216941
CLINICAL SUMMARY: The applicant is a represented 34-year-old [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 5, 2013. In a Utilization Review Report dated December 3, 2014, the claims administrator denied a request for neurosurgical evaluation and treatment for the lumbar spine. The claims administrator referenced progress notes of December 3, 2014, March 18, 2014, and August 23, 2014, and July 23, 2014, in its determination. The claims administrator invoked non-MTUS ODG Guidelines in its denial, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In a November 21, 2014, progress note, it was acknowledged that the applicant was not working. 8/10 pain low back pain radiating to bilateral lower extremities was noted. The applicant was using Neurontin for pain relief. The applicant was asked to pursue a neurosurgical evaluation given reportedly positive lumbar MRI findings. The attending provider stated that the applicant had a large disk protrusion at the L4-L5 level generating associated severe neuroforaminal stenosis and nerve root compression.
REFERRAL QUESTIONS: 1. Yes, proposed neurosurgical evaluation and treatment was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, counseling regarding likely outcome, risk and benefits, and expectations is very important in applicants in whom surgery is in consideration. Here, the applicant has a large disk herniation at the L4-L5 level generating associated nerve root compression and severe neuroforaminal stenosis. The applicant has apparently tried and failed conservative treatment, compromising of time, medications, physical therapy, acupuncture, etc. Moving forward with a surgical remedy, thus, was/is indicated here. Therefore, the request was medically necessary.
REFERENCES: ACOEM Practice Guidelines, Chapter 12, pages 306, Surgical Considerations section.