

Case Number:	CM14-0032635		
Date Assigned:	06/20/2014	Date of Injury:	05/02/2009
Decision Date:	01/27/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/14/2014

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, has a subspecialty in Spine Surgeon 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 35-year-old who reported an injury on 05/02/2009. The mechanism of injury was not provided. His diagnoses were noted to include lumbar disc syndrome with S1 failed surgery, L5-S1 disc desiccation with disc space narrowing and left hemilaminectomy with recurrent broad based disc protrusion in the right paracentral and right neural foraminal area of 5 mm, with mild to moderate left and moderate right neural foraminal narrowing. His past treatments were noted to include physical therapy, topical analgesic, medication, home exercise program and surgery. His diagnostic studies were noted to include an MRI of the lumbar spine performed on 05/01/2014, which was noted to reveal L5-S1 disc desiccation with disc space narrowing and left hemilaminectomy with recurrent broad based disc protrusion in the right paracentral and right neural foraminal area of 5 mm with mild to moderate left and moderate right neural foraminal narrowing, which was progressing. His surgical history was noted to include a lumbar discectomy at L5-S1 on 02/02/2010. During the assessment on 05/05/2014, the injured worker complained of neck, right shoulder, left shoulder, right wrist and low back pain. He reported radicular pain from the lumbar spine along the right lower extremity that increased with ambulation. A physical examination of the lumbar spine revealed tenderness and spasm to palpation in the paralumbar muscles bilaterally. His range of motion was limited by pain in all directions. His range of motion was noted as flexion of 50 degrees, extension of 18 degrees and lateral flexion of 18 degrees bilaterally. There was spasm upon flexion and right lateral flexion. A current medication list was not provided. The treatment plan and rationale were not provided. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation spine neurosurgeon for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for consultation spine neurosurgeon for the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines indicate that a referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. There must be 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 evidence of failure of conservative treatment. There was no documentation of reported activity limitations due to radiating leg pain. There was a lack of adequate information regarding the failure of conservative treatments. Furthermore, the rationale for a consultation with a neurosurgeon was not provided by the requesting physician. Due to the lack of pertinent information, the request is not medically necessary.