

Case Number:	CM15-0000954		
Date Assigned:	01/12/2015	Date of Injury:	04/01/2008
Decision Date:	03/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Illinois
 Certification(s)/Specialty: Internal 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 35-year-old male who reported an injury on an unspecified date due to an unspecified mechanism of injury. On 06/06/2014, he presented for a followup evaluation regarding his low back pain. He rated his pain at a 9/10 and noted it to be constant and associated with radiation to the bilateral lower extremities. He was noted to be taking Tylenol No. 3 that helped his pain go from a 9/10 to a 6/10 to 7/10, and a Flexeril that helped his pain go from a 9/10 to a 7/10 and relieved his paraspinous muscle spasms. A physical examination of the lumbar spine showed limited range of motion with tenderness to palpation noted over the paraspinal muscles bilaterally, right greater than left. Kemp's test was positive bilaterally; straight leg raise was positive on the right at 70 degrees with pain radiating into the right posterior thigh. Muscle strength was a 5/5 on the right and a 4/5 on the left in the L4, L5, and S1 nerve roots. Sensation was decreased on the right side and normal on the left in the L4, L5, and S1 nerve distribution, and deep tendon reflexes were 2+. He was diagnosed with status post surgical fusion of the lumbar spine with retropulsion after fusion; L5-S1 disc herniation with disc disease and radiculitis; and depression, anxiety, and insomnia. The treatment plan was for a consultation with a spine surgeon for the lumbar spine. The Request for Authorization form was signed on 06/17/2014. The rationale for treatment was to further evaluate the injured worker's persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with spine surgeon for 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: According to the California ACOEM Guidelines, a surgical consultation may be indicated for those who have severe and disabling lower leg symptoms in a distribution that is consistent with abnormalities on imaging studies; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; 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 failure of conservative treatment to resolve disabling radicular symptoms. Based on the clinical documentation submitted for review, the injured worker was noted to have physical examination findings consistent with radicular symptoms. However, there is a lack of documentation showing that the injured worker has undergone all recommended conservative care, not just physical therapy or epidural steroid injections to support that he should have a consultation with a spine surgeon. In addition, there are no indications that his symptoms are severe or disabling. Given the above, the request is not medically necessary.