

Case Number:	CM15-0001888		
Date Assigned:	01/12/2015	Date of Injury:	04/10/2014
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
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

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 54-year-old female who reported an injury on 04/10/2014. The mechanism of injury was a slip and fall. Prior therapies included physical therapy, acupuncture, and lumbar orthosis belt and medications. The injured worker underwent an MRI of the cervical spine on 08/09/2014, which revealed mild degenerative changes with multilevel disc bulges. There was no evidence of spinal stenosis or neural foraminal narrowing at any examined level. The injured worker underwent an MRI of the lumbar spine on 08/09/2014, which revealed an L5-S1 small broad base disc protrusion extending toward the right neural foramen with moderate narrowing of the right neural foramen. There were minimal to mild disc bulges at L2-3 and L4-5. The injured worker underwent x-rays of the lumbar spine which revealed no spondylosis and no compression fractures as well as no spondylolisthesis. The Request for Authorization was dated 12/11/2014. The documentation of 12/18/2014 revealed the injured worker was taking Naprosyn, Flexeril, and tramadol. The injured worker had complaints of neck pain of 3/10 and low back pain at a 5/10. The injured worker was having leg pain intermittently. The physical examination revealed tenderness and decreased range of motion along with lumbar spine spasms. The neurological examination was within normal limits in the lower extremities. The MRI of the lumbar spine was noted to reveal moderate right foraminal stenosis at L5-S1. The diagnosis included cervical disc degeneration, fracture of lumbar vertebra closed, and sprain rotator cuff. The treatment plan included continued acupuncture and an EMG/NCV of the lower extremities to rule out radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to physician, 2nd opinion with fellowship trained spine surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to provide electrophysiologic evidence and objective findings to support that there was a clear clinical picture. There was a lack of documentation of specific myotomal and dermatomal findings. The documentation failed to provide an exhaustion of conservative care to support the necessity for a referral. Given the above, the request for referral to physician second opinion with fellowship trained spine surgeon is not medically necessary.