

Case Number:	CM15-0138774		
Date Assigned:	07/28/2015	Date of Injury:	07/11/2013
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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 38-year-old male who sustained an industrial injury on 07/11/13. Initial complaints include low back pain. Initial complaints include lumbar spine sprain and strain. Treatments to date include medications, physical therapy, and Botox injections. Diagnostic studies include a MRI of the lumbar spine on 06/15/15. Current complaints include persistent pain in the low back and lower extremity. Current diagnoses include chronic low back pain, left greater than right leg symptoms, and a L4-5 disc herniation with compression of the right L5 nerve rootlet and small radial tears at L3-4, L5-S1. In a progress note dated 01/05/15 the treating provider reports the plan of care as physical therapy, medications including Relafen and Zanaflex, and a spine surgeon consultation the requested treatments includes a spine surgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgeon Consultation: Overturned

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

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

Decision rationale: MTUS Guidelines supports surgical evaluation if there is persistent pain associated with nerve irritation and/or compromise. At the time of this request, these Guideline standards were met. A prior MRI revealed foraminal stenosis nerve root compression and the pain complaints were severe not improving with conservative care over a significant length of time. Under these circumstances, the request for a spine surgeon consultation is/was consistent with Guidelines and is/was medically necessary.