

Case Number:	CM15-0149096		
Date Assigned:	08/12/2015	Date of Injury:	08/24/1996
Decision Date:	09/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/31/2015

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: Family Practice

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 38 year old male who sustained an industrial injury on 8-24-96 with current complaints of severe pain in the low back with radiation down the back of the left leg. In a progress report dated 5-13-15, the primary treating physician notes back spasm has settled down and he is having less flare ups. An MRI is scheduled and after that a neurosurgical consultation possibly. The last MRI was done in 2010, showing a bulging disk at L3-L4 and L4-L5. He is off all medications except for Norco one tablet two times a day. The lumbar spine exam is noted to be grossly abnormal. He has spasms of the latissimus dorsi bilaterally. Range of motion is flexion at 45 degrees and extension 20 degrees, all with pain in his low back going into his left leg. Rotation is at 25 degrees on the left and 35 degrees on the right. He can tilt 35 degrees on the right and 25 degrees on the left. He has a positive leg lift on the right at 45 degrees and on the left at 25 degrees. The impression is lumbar discogenic disease at L3-L4 and L4-L5. A urine drug test was administered. Work status is that he is on modified duty. The requested treatment is a neurosurgery consultation and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: This patient receives treatment for chronic low back pain. This goes back to an industrial injury dated 08/24/1996. The medical diagnoses include lumbar disc disease at L3-L4 and L4-L5 clinically. This review addresses a request for a neurosurgical consultation. The patient states that his back spasms are better. He has been able to stop all of his medications except Norco, which he takes BID. On exam there is reduced lumbar flexion, the SLR is positive L>R side, the motor, reflex, and sensory exams are normal. There appears to be no medical indication to consider neurosurgery for this man's back condition at this time. The patient's condition began nearly 20 years ago. His use of medication is becoming less. Clinically, there is no radiculopathy on exam. A neurosurgical consult is not medically necessary.

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient receives treatment for chronic low back pain. This goes back to an industrial injury dated 08/24/1996. The medical diagnoses include lumbar disc disease at L3-L4 and L4-L5 clinically. This review addresses a request for a lumbar spine MRI. The patient states that his back spasms are better. He has been able to stop all of his medications except Norco, which he takes BID. On exam there is reduced lumbar flexion, the SLR is positive L>R side, the motor, reflex, and sensory exams are normal. The patient had lumbar spine imaging in 2010 which were within normal limits (a small degree of disc bulging is a common finding). There is nothing in the documentation to suggest that the patient has cauda equina syndrome, discitis, primary or metastatic bone disease, or spinal stenosis. There appears to be no medical indication to consider another lumbar spine MRI at this time as there are no clinical red flags in the documentation. Therefore the request is not medically necessary.