

Case Number:	CM15-0167393		
Date Assigned:	09/08/2015	Date of Injury:	07/11/2003
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 51-year-old female, who sustained an industrial injury on July 11, 2003. The injured worker was diagnosed as having radiculopathy, lumbar stenosis, spondylolisthesis, chronic pain syndrome, degenerative disc disorder, right knee injury and facet arthropathy. Treatment to date has included CAT scan, magnetic resonance imaging (MRI), epidural steroid injection (ESI), physical therapy and medication. A progress note dated May 21, 2015 provides the injured worker complains of back pain radiating down the left leg with numbness and tingling. She reports only sleeping 3-5 hours and being hit or miss due to pain. She reports physical therapy has helped. Epidural steroid injection (ESI) was considered to have failed. Physical exam notes tenderness to palpation of the lumbar area with positive straight leg raise on the left and sacroiliac pain. The plan includes surgical consultation and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic surgical evaluation for L5-S1 and L4-5 discs: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 79 and 127.

Decision rationale: According to the CA MTUS/ACOEM, page 79, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. "Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the records cited does not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore, the determination is for non-certification. A surgical consultation for low back symptoms are indicated for severe and disabling leg symptoms that are in a distribution consistent with the abnormality seen on imaging studies. There should be clear clinical imaging and electro-physiologic evidence of a lesion known to benefit from surgical intervention. There should also be a failure of non-operative treatment. In this case, an orthopedic surgical evaluation for the L4 L5 and L5 S1 disks is not indicated. There is no significant central canal or foraminal stenosis seen on the MRI from December 9, 2015. There is no evidence of neurologic dysfunction. There is no evidence of failure of non-operative treatment.