

Case Number:	CM15-0185971		
Date Assigned:	09/28/2015	Date of Injury:	05/09/2013
Decision Date:	11/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 5-9-13. The diagnoses have included chronic lumbar spine strain with a 4 millimeter disc protrusion at L3-L4, a 2-3 millimeter disc protrusion at L4-L5 and a 3 millimeter disc protrusion at L5-S1 (sacroiliac); major depressive disorder, single episode, severe and adjustment disorder with anxiety. Treatment to date has included Prozac for depression; Ativan for anxiety; Lunesta for insomnia and Norco for pain. Magnetic resonance imaging (MRI) of the lumbar spine on 7-6-15 revealed there is a 4-millimeter disc protrusion causing moderate-to-severe narrowing of the caudal margin of the left neural foramen at L3-L4 and there is a 2-3 millimeter disc protrusion at L4-L5 and 3-millimeter disc protrusion at L5-S1 (sacroiliac). Electrodiagnostic studies of the lower extremities on 7-6-15 showed findings consistent with mild acute bilateral L5 radiculopathy. The Agreed Medical Re-Evaluator on 8-10-15 noted that the injured worker has complaints of back pain with radiating pain to the left with numbness. The injured worker uses a cane and reports diffuse weakness of his legs and has limited motion of his back. Lumbar spine examination reveals there is paraspinal musculature tenderness to very light palpation and there is tenderness to palpation of the spinous processes. The documentation on 7-8-15 noted that the injured worker has feelings of being depressed, anxious and stressed and that he continues with suicidal ideations and has not received his psychiatric medications. The injured workers mood is frustrated, depressed, stressed and anxiety. The documentation noted that the injured worker will have a trial of acupuncture for anxiety relief and stress management. The original utilization review (9-11-15) non-certified the request for ortho consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 127, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations.

Decision rationale: Review indicates provider's report noting significant diffuse complaints of pain and weakness along with stress and depression; however, exam only noted tenderness without specified neurological deficits or ADL limitations. Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical findings with imaging correlation consistent with a surgical lesion to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient is without red-flag conditions, or deteriorating function with limiting ADLs amenable to surgical intervention. Examination has no acute findings, new injury, or specific progressive neurological deficits to render surgical treatment nor is there any current diagnostic study with significant emergent surgical lesion or failed conservative care failure. The Ortho Consult is not medically necessary and appropriate.