

Case Number:	CM15-0188135		
Date Assigned:	09/30/2015	Date of Injury:	01/06/2011
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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 55 year old male, who sustained an industrial injury on 1-06-2011. The injured worker was being treated for back pain with radiculopathy. Treatment to date has included diagnostics, lumbar fusion x2 (L2-5 fusion in 2011 and T9-L1 fusion in 2012), and medications. Currently (8-24-2015), the injured worker complains of chronic low back pain with a radicular component into both legs, rated 5 out of 10 on average (affective), otherwise 8-9 out of 10 on average, and with increased stiffness in cold weather. The treating physician documented that the pain appeared to be in the L5 dermatomal distribution. It was documented that he continued to have chronic pain with both nociceptive and affective components and he "has not yet completed a course of behavioral medicine". On 5-01-2015, it was documented by the treating physician that current computerized tomography myelogram showed transitional stenosis and instability at L5-S1 below his fusion, with gapping of the facet joints, and x-rays showed a significantly positive sagittal balance. Utilization Review denial for spinal surgery was noted on 5-15-2015. His work status was "permanent disability", noting permanent and stationary status 5-31-2013. It was documented that he continued to be as active as possible, with severe limitations due to pain. Exam noted lumbar range of motion forward flexion to 60 degrees, extension 15 degrees, muscle spasms in the lumbar paraspinals-gluteus muscles, and guarding of the left lower extremity. Deep tendon reflex was 1+ in the left adductor magnus and straight leg raise was positive with dorsiflexion of the left foot. Failed treatment was documented as physical therapy, non-steroidal anti-inflammatory drugs, and muscle relaxants. Tried-failed medications were specifically documented as Gabapentin, Morphine, and Vicodin.

Current medications included Norco and Soma. The most recent surgical spinal progress report (8-18-2015) noted that spinal surgery authorizations have been unsuccessful and that "there is nothing we can do to move forward with this", noting that care would resume if care is authorized or there is an emergency. The treatment plan included a surgical evaluation for the lumbar spine, non-certified by Utilization Review on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical evaluation for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

Decision rationale: The patient presents with chronic low back pain with a radicular component into both legs. The request is for SURGICAL EVALUATION FOR THE LUMBAR SPINE. The request for authorization is dated 09/08/15. The patient is status post T10-S1 fusion, 06/21/11. CT of the lumbosacral spine, 02/20/12, shows increase in retrolisthesis of L2 with respect to L3; there is possible fracture of the inferior articular facet of L2 on the right; the fusion hardware appears stable and there is no evidence of loosening, infection or fracture and the anterior fusions are incorporated at L3-4 and L4-5; foraminal narrowing L2-3 due to osteophyte formation. MRI of the lumbar spine, 04/01/11, shows severe degenerative facet disease with 4 mm of anterolisthesis at L4-5 is associated with distortion of the neural foramina and impingement of both L4 nerve roots by bone. Physical examination of the lumbar spine reveals muscle spasm noted in lumbar paraspinals/gluteus muscles; guarding of the left lower extremity. DTR left adductor magnus decreased; positive SLR left leg. He has partial pain relief with his current analgesic medicines. Patient's medications include Norco, Soma, Omeprazole, Miralax, and Docusate. Per progress report dated 08/24/15, the patient is permanently disable. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per progress report dated 08/24/15, treater's reason for the request is "to treat LEFT L5 Radiculopathy." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Surgical Evaluation for the Lumbar Spine. ACOEM guidelines generally allow and support referral to a specialist to aid in complex issues. Given the patient's chronic low back pain with a radicular symptoms, a Surgical Evaluation may contribute to improved management of symptoms. Therefore, the request IS medically necessary.