

Case Number:	CM15-0192217		
Date Assigned:	10/06/2015	Date of Injury:	08/30/2013
Decision Date:	11/12/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	09/30/2015

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 57 year old female, who sustained an industrial injury on 08-30-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar discogenic disease and bilateral facet disease. Medical records (04-22-2015 to 09-02-2015) indicate ongoing severe low back pain with radicular symptoms. Pain levels were not rated on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-02-2015, revealed restricted range of motion in the lumbar spine, significant spasms in the latissimus dorsi bilaterally, inability to stand on heels, and decreased strength in the left abductor hallucis longus and foot flexors. No changes were noted from previous exam (07-20-2015). Relevant treatments have included physical therapy (PT), facet injections without benefit, work restrictions, and pain medications. The treating physician indicates that a MRI of the lumbar spine (2013) showed a bulging disc at L5-S1 and bilateral facet disease at L3-4, L4-5 and L5-S1. The request for authorization (09-18-2015) shows that the following service was requested: consultation with a neurosurgeon for the lumbar spine. The original utilization review (09-29-2015) non-certified the request for consultation with a neurosurgeon for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a neurosurgeon for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure Summary Online Version updated 07/17/2015.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Guidelines give wide leeway to primary treating physician referrals if the problem is outside of their comfort level or area of expertise. The treating physician documents a relatively new onset of left leg radicular symptoms with a persistent weakness. Per Guideline standards this qualifies for specialty evaluation for potential procedural/surgical intervention. Persistent weakness is a more profound neurological dysfunction than radiating pain. Under these circumstances, the consultation with a neurosurgeon for the lumbar spine is supported by Guidelines and is medically necessary.