

Case Number:	CM15-0197992		
Date Assigned:	10/13/2015	Date of Injury:	08/26/2014
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 42 year old male who sustained an industrial injury on 08-26-2014. MRI of the lumbar spine performed on 05-29-2015 showed disc desiccation at T12-L1 through L5-S1 with associated loss of disc height at L5-S1, posterior annular tear at L5-S1, hemangioma noted at L2, straightening of the lumbar lordotic curvature, T12-L1 diffuse disc herniation which abuts the thecal sac disc measurement 4.0 millimeters, L2-L3 diffuse disc herniation which abuts the thecal sac disc measurement 4.0 millimeters, L5-S1 diffuse disc herniation which abuts the thecal sac, concurrent hypertrophy of bilateral facets and ligamentum flava noted, disc material and facet hypertrophy cause narrowing of the bilateral neural foramen with contact on the bilateral L5 exiting nerve roots disc measurement 2.7 millimeters. According to a progress report dated 07-13-2015, the injured worker reported right knee pain mostly when driving, low back pain and left shoulder pain. The provider noted the results of the MRIs. Diagnoses included lumbar spine 4.0 millimeter disc bulges x 2, left shoulder tendinosis bursitis and right knee sprain. The treatment plan included medication and ortho for the lumbar spine, left shoulder and right knee. On 09-09-2015, Utilization Review non-certified the request for consultation with an orthopedic spine surgeon for lumbar and authorized the request for consultation with an orthopedic specialist for the right knee and left shoulder. Documentation shows that physical therapy, TENS and motorized cold therapy was requested on 05-18-2015. It is unclear from the documentation what treatments have been utilized by the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedic spine surgeon for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

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

Decision rationale: Referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and "failure of conservative treatment to resolve disabling radicular symptoms." In this case documentation does not support the presence of severe or disabling lower leg symptoms consistent with a lesion that will benefit from surgical benefit. Medical necessity has not been established. The request should not be medically necessary.