

Case Number:	CM15-0203470		
Date Assigned:	10/20/2015	Date of Injury:	09/11/1992
Decision Date:	12/01/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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: Illinois, California, Texas
 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:

This injured worker is a 66-year-old female who sustained an industrial injury on 9/11/92. Injury occurred while she was lifting a heavy object with onset of severe low back and neck pain. Past surgical history was positive for lumbar spine surgeries, bilateral carpal tunnel release, and knee surgery. Past medical history was positive for fibromyalgia, migraine headaches, depression, anxiety, gastroesophageal reflux disease, recurrent herpes simplex, hypothyroidism, hyperlipidemia, and carpal tunnel syndrome. Social history indicated that she was a current every day smoker. The 4/10/15 lumbar spine MRI impression documented status post L4/5 fusion. There was neuroforaminal narrowing most significantly on the left at the L3/4 level and a foraminal disc herniation could not be excluded. Conservative treatment included trigger point injections, cervical facet injections, epidural steroid injections, medications, home exercise, and activity modification. The 7/1/15 treating physician report cited grade 4/10 low back pain radiating into the left leg in an L3/4 and L4/5 dermatomal distribution. Associated symptoms included muscle spasms, pins and needles, difficulty sleeping, swelling, and weakness. Pain was worse with weather changes, activity, and inactivity. Pain was better with medication and heat. The left L4/5 and L5/S1 transforaminal epidural steroid injection on 2/25/14 provided no improvement. Lumbar spine exam documented tenderness to palpation, restricted range of motion, antalgic shortened stance phase on the left, bilateral positive slump test, decreased left lower extremity sensation, and diminished left patellar reflex. The treating physician reported the injured worker had worsening left L3/4 foraminal stenosis and disc herniation, most likely the sequelae from her previous L4/5 fusion, and recommended neurosurgical referral. The treating

physician reported that the injured worker's previous neurosurgeon was not taking workers compensation patients any longer. The 10/2/15 treating physician report cited on-going grade 5/10 low back pain radiating to the left leg. Pain was 10/10 without medications and reduced to 4/10 with medications. Physical exam documented positive bilateral straight leg raise. Authorization was requested for a neurosurgery consultation. The 10/7/15 utilization review non-certified the request for neurosurgery consultation as there was no evidence of severe disabling leg symptoms, extreme progression of leg symptoms, recent details of conservative treatment failure, psychological screening, or clear clinical, imaging, or electrophysiologic evidence of a surgical lesion. Additionally, pain management and orthopedic surgery with no rationale for additional consultation were currently following the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

One neurosurgery consultation: Overturned

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

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

Decision rationale: The California MTUS guidelines state that 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. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have been essentially met. This injured worker presents with persistent low back pain radiating into the left lower extremity with pins and needles and weakness in an L3/4 and L4/5 distribution. She is status post multiple lumbar surgeries, including L4/5 fusion. Clinical exam findings are consistent with imaging evidence of plausible nerve root compromise at the L3/4 level. Detailed evidence of recent, reasonable and/or comprehensive non-operative treatment without sustained improvement has been documented. Additionally, the injured worker's neurosurgeon no longer treats workers compensation patient. Therefore, this request is medically necessary at this time.