

Case Number:	CM15-0206494		
Date Assigned:	10/23/2015	Date of Injury:	04/09/2012
Decision Date:	12/04/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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 45 year old male, who sustained an industrial injury on April 09, 2012. The injured worker was diagnosed as having spondylosis without myelopathy or radiculopathy to the lumbar region, lumbar radiculopathy, and low back pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, status post epidurals, home exercise program, and status post facet injection. In a progress note dated October 05, 2015 the treating physician reports complaints of an increase in pain to the low back that radiates to the right leg extremity with spasms to the leg and feet and right foot numbness. Examination performed on October 05, 2015 was revealing for positive straight leg raise on the right, pain with palpation of the lumbar facets at the lumbar three through sacral one levels, antalgic gait, and decreased range of motion with pain. The injured worker's pain level on October 05, 2015 was rated a 6 on a scale of 0 to 10, but also noted the pain to be a 9 on examination. On October 05, 2015, the treating physician noted magnetic resonance imaging of the lumbar performed in June of 2015 that was revealing for "lumbar disc bulging with osteophyte formation at multiple levels, disc desiccation and facet arthropathy." The treating physician noted on October 05, 2015 that prior facet injection with date unknown reduced the injured worker pain by 80%, along with noting prior epidural results of unknown dates were remarkable for the first epidural to be "effective for relieving his pain, the second was not effective". On October 05, 2015, the treating physician requested a consultation with a new spine surgeon for evaluation of recent magnetic resonance imaging performed. On October 15, 2015, the Utilization Review determined the request for a consultation with spine surgeon to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with spine surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Submitted report has not shown progressive change in chronic pain symptoms, acute change in neurological deficits, flare-up or new injuries for this chronic 2012 injury. Submitted reports have not demonstrated any instability or debilitating pathological lesion or indication for surgical consult with failed conservative treatment in terms of therapy, injections, and pharmacological interventions. It was noted the patient had 80% relief from injections performed. Medical necessity has not been established for neurosurgical consult. The request for 1 Consultation with spine surgeon is not medically necessary and appropriate.