MAXIMUS Federal Services

Case Number:	CM15-0030988		
Date Assigned:	03/02/2015	Date of Injury:	10/12/2012
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/19/2015

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 Jersey
Certification(s)/Specialty: Family Practice

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 41 year old female who sustained a work related injury October 12, 2012, when she bent forward injuring her lower back. She had another minor injury October 16, 2013, when she slipped off a stool, temporarily aggravating her low back condition. According to a primary treating physician's progress report dated January 23, 2015, the injured worker presented with complaints of lower back pain, left hip/groin area pain, neck and upper back pain, headaches, depression, and constipation. Past history includes gastro esophageal reflux disease (GERD) and gastric sleeve surgery for weight loss. Physical examination reveals cervical spine negative; lumbar spine; tends to walk with loss of lordosis or stiff back, moderate muscle spasm of the paralumbar muscles left side greater than right, point tenderness over the left sacroiliac region, active range of motion; flexion 70% of normal, extension 60 % of normal, right lateral flexion 70% of normal, and left lateral flexion 60% of normal; straight leg raise is positive on the left at 70 degrees, sitting position, and produces left hip and groin pain; thoracic spine negative. Diagnoses are documented as lumbar strain with left greater than right lumbar radicular symptoms with radiation to the left hip and groin; secondary depression and intermittent insomnia; aggravation of GERD and constipation. Treatment plan included requests for MRI of the lumbar spine, gastroenterology consultation, pain consultation, chiropractic therapy, and neurosurgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127, 305-306.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The ACOEM MTUS Guidelines also states: that referral to a surgeon for low back pain is only indicated when the patient exhibits severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, has activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and failure of conservative treatment to resolve disabling radicular symptoms. In the case of this worker, although the provider documented in the progress note that MRI was performed and "abnormal", there was no report of this MRI found in the documents provided for review to confirm the results. Also, physical findings were lacking in confirmatory, objective evidence of radiculopathy as well. Without this evidence of appropriateness to consider surgery, the consultation with a neurosurgeon will be considered medically unnecessary at this time.