

Case Number:	CM15-0062880		
Date Assigned:	04/08/2015	Date of Injury:	10/06/2011
Decision Date:	07/27/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/02/2015

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 67-year-old male who sustained an industrial injury on 10/06/11. Injury occurred when he was working on a ladder and fell from a height of about 7 feet. He landed on a cart on his back and hit the floor with his shoulder and head. Injuries were reported to his neck, left shoulder and elbow, low back and bilateral knees. He subsequently underwent bilateral total knee replacements in 2012. Initially, the low back was not accepted on this claim and he sought treatment through the VA system. Past medical history was positive for thoracic aortic aneurysm. The 2/18/14 lumbar spine MRI impression documented moderate lumbar degenerative changes including grade 1 L5 on S1 anterolisthesis with bilateral L5 spondylosis and mild convex left scoliosis. At L5/S1, there was high-grade bilateral foraminal stenosis left side worse than right, with exiting L5 nerve root compression. There was no evidence for central or foraminal nerve root compression at the other levels. Conservative treatment included off work, chiropractic treatment, physical therapy, medications, trigger point injections, and facet medial branch blocks. The 2/03/15 treating physician report documented complaints of low back pain and spasms. He had several episodes of severe numbness in the bilateral lower extremities, including twice in the last three weeks. He denied bowel or bladder incontinence or gait disturbance. The injured worker had been treated in the VA system and seen by a spine who recommended surgery. A spine surgeon consultation within the worker compensation system was requested. Physical exam documented limited lumbar extension, forward flexed body posture, and diminished sensation over the left L5 dermatomal distribution. There was tenderness over the paraspinal muscles, overlying the facet joints, and sacroiliac joints. Straight leg raise was negative. The treatment plan recommended repeat lumbar spine MRI, dynamic lumbar spine x-rays, physical therapy x 6 visits, and cognitive behavioral therapy and biofeedback x 6 visits. The 3/5/15 utilization review certified the request for lumbar spine MRI but non-certified the request for spine surgery consult as there was no current imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgery consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, 2004, page 127.

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

Decision rationale: The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral 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 met. This injured worker presents with persistent function-limiting low back pain and spasms with episodes of severe lower extremity numbness. Clinical exam findings are consistent with imaging evidence of L5 nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.