

Case Number:	CM15-0080827		
Date Assigned:	05/01/2015	Date of Injury:	02/18/2014
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 32-year-old female, who sustained an industrial injury on 2/18/2014. She reported a low back injury while working as a caregiver. The injured worker was diagnosed as having sciatica and lumbar sprain. Treatment to date has included diagnostics, spinal epidural injection (not effective), physical therapy (not effective), mental health evaluation, and medications. Currently, the injured worker complains of weakness and tingling in the left leg. It was noted that the injured worker was evaluated by neurosurgery in the previous year (10/22/2014) and was told that she did not need surgery, noting intact motor and sensory exams. She was currently working with modified duties. Medication use included Ultracet, Paxil, Tylenol, and Motrin. Physical exam of her back noted normal range of motion and diffuse tenderness in the paralumbar musculature around L4-L5. Left deep tendon reflexes were 1/4, right 2+4 patella. The treatment plan included referral to neurosurgery for follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral To Neurosurgeon, Praveen Prasad For Follow Up: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Discectomy/ laminectomy. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, ODG Indications for Surgery Discectomy/laminectomy. Required symptoms/findings; imaging studies; & conservative treatments below: I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging. Findings require ONE of the following: A. L3 nerve root compression, requiring ONE of the following: 1. Severe unilateral quadriceps weakness/mild atrophy. 2. Mild-to-moderate unilateral quadriceps weakness. 3. Unilateral hip/thigh/knee pain. B. L4 nerve root compression, requiring ONE of the following: 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy. 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness. 3. Unilateral hip/thigh/knee/medial pain. C. L5 nerve root compression, requiring ONE of the following: 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy. 2. Mild-to-moderate foot/toe/dorsiflexor weakness. 3. Unilateral hip/lateral thigh/knee pain D. S1 nerve root compression, requiring ONE of the following: 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy. 2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness. 3. Unilateral buttock/posterior thigh/calf pain (EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.) II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings: A. Nerve root compression (L3, L4, L5, or S1). B. Lateral disc rupture. C. Lateral recess stenosis Diagnostic imaging modalities, requiring ONE of the following: 1. MR imaging. 2. CT scanning. 3. Myelography. 4. CT myelography & X-Ray III. Conservative Treatments, requiring ALL of the following: A. Activity modification (not bed rest) after patient education (\geq 2 months). B. Drug therapy, requiring at least ONE of the following: 1. NSAID drug therapy. 2. Other analgesic therapy. 3. Muscle relaxants. 4. Epidural Steroid Injection (ESI). C. Support provider referral, requiring at least ONE of the following (in order of priority): 1. Physical therapy (teach home exercise/stretching). 2. Manual therapy (chiropractor or massage therapist). 3. Psychological screening that could affect surgical outcome. 4. Back school. (Fisher, 2004) For average hospital LOS after criteria are met, see Hospital length of stay (LOS). The patient was reported to have normal neurological examination and the need for neurosurgery evaluation is not clear. There is no clinical evidence supporting the need for laminectomy. Therefore, the request for Referral To Neurosurgeon, Praveen Prasad For Follow Up is not medically necessary.