

Case Number:	CM15-0089012		
Date Assigned:	05/13/2015	Date of Injury:	08/27/2013
Decision Date:	06/12/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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 (IW) is a 38-year-old female who sustained an industrial injury on 08/27/2013. Diagnoses include cervical and lumbar disc herniation. Treatments to date include medications. The Orthopedic Re-Evaluation notes from 11/5/14 stated nerve studies confirmed left L5 radiculopathy, which was consistent with the IW's symptoms, and an MRI failed to reveal pathology. According to the progress report dated 3/9/15, the IW reported constant sharp, burning pain in the neck and the back radiating to the bilateral arms and legs, rated 7/10. The pain was aggravated by raising her arms, twisting her back and lifting and was relieved with rest. She requested medication that was stronger than the muscle relaxant and Naprosyn she was taking. On examination, there was tenderness to palpation over the midline of the cervical and lumbosacral spine, limited range of motion (ROM) due to pain and asymmetric loss of ROM. A request was made for a consult with a spine specialist to get a definitive prognosis and treatment plan for the IW.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with a spine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 179-181.

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

Decision rationale: Guidelines support surgical consultation for the purpose of clarification of the treatment plan and diagnosis when there are presentations of persistent, severe and disabling symptoms with red-flag conditions identified to suggest possible instability, failure to increase in range in therapy with extreme progression of symptoms, and neurological deficits of muscular strength and specific sensory loss to suggest a surgical lesion that is imaging confirmed. Submitted reports have not adequately demonstrated support for this spine consultation without progressive change in chronic pain symptoms, clinical findings, acute flare-up or new injuries for this chronic injury and have not demonstrated any surgical lesion or indication for surgical consult. Examination has no specific neurological deficits correlating with any remarkable diagnostic findings to render surgical treatment without pathology found on MRI for canal or neural foraminal stenosis or instability, remarkable for any surgical lesion. The Consult with a spine specialist is not medically necessary and appropriate.