

Case Number:	CM14-0127494		
Date Assigned:	08/15/2014	Date of Injury:	01/14/2011
Decision Date:	10/07/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 47 year old female with an injury date of 01/14/11. The patient presents with low back pain with shooting pains down the legs rated 06/10. The treater notes she is to return to modified work 04/07/14 and that pain medications barely help. Examination reveals that the patient limps and favors her left leg. The treater states, she has multiple level disc herniations, but apparently the "L4-L5" on the left is giving the most pain. A 03/25/14 Epidural Steroid Injections at bilateral L5-S1 was performed. The 03/17/11 MRI of the lumbar spine states impression as follows: 1. There is loss of disc hydration at L4-L5 followed by L3-L4. There may be minimal loss of disc height at L4-L5 level. 2. There is roughly 4-5 mm left posterolateral disc protrusion which indents on the traversing left L5 nerve roots. There is mild reduction in Thecal Sac size without gross central canal stenosis. 3. There is roughly 4 mm right posterolateral disc protrusion. There is indentation on the exiting right L5 nerve roots. There is no gross foraminal or spinal stenosis. The patient's diagnoses include: 1. Displaced lumbar "intervertebral" 2. Spasm of muscle 3. Unspecified Thoracic/Lumbar neuritis 4. Sciatica. The utilization review being challenged is dated 07/10/14. The rationale is that the patient received approval for referral to a spinal specialist on 06/12/14. Reports from 03/17/11 to 04/17/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation/evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127

Decision rationale: The patient present with lower back pain rated 6/10 radiating down the legs. The treater requests for 1 orthopedic consultation/evaluation. The 04/17/14 treatment plans states, "refer to neuro or back surgery". ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists 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." The treating physician indicates a referral for orthopedic consultation is needed. Treatment reports provided since 12/05/13 show the patient has persistent, intractable, radiating lower back pain rated no lower than 5/10. Epidural Steroid Injections at bilateral L5-S1 were performed 03/25/14. The patient should be afforded a specialty consultation to address persistent and chronic pain. Recommendation is for authorization.