

Case Number:	CM14-0134931		
Date Assigned:	08/27/2014	Date of Injury:	02/14/2012
Decision Date:	09/26/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 55-year-old male who reported an injury on 02/14/2012. The mechanism of injury was lifting a heavy piece of steel. His diagnoses included lumbar radiculopathy, lumbar sprain/strain, and right groin strain. It was noted that the injured worker had x-rays, an ultrasound, and MRI done on an unspecified dates and the diagnostic impression was noted as a lumbar spine sprain/strain and a groin strain. The note from 04/18/2014 noted the injured worker had been treated with transcutaneous electrical nerve stimulation (TENS), medications, and massage therapy for his back pain. He was seen by an internist to rule out a right inguinal hernia and was given topical treatments for his groin pain. The injured worker continued to experience groin and intermittent lower back pain which was usually in the center of the back. His range of motion for the lumbar spine was noted to be 45 degrees forward flexion, 10 degrees at extension, 10 degrees at right/left lateral bend, and right/left rotation 10 degrees. His motor strength was 5/5 to the bilateral lower extremities, sensory was light to touch in the L1, L2, L3, L4, L5, and S1, and he had a negative straight leg raise bilaterally. It was noted he had an inguinal hernia repair done 20 years ago but he didn't remember which side it was. The physician noted his pain was not likely from the spine and he recommended a referral to pain management. On 07/21/2014 he complained of right side groin pain along with pain in the lower back that was shooting down his right leg. His medication was listed as Neurontin 300mg at bedtime. There was no hernia felt during this appointment. He was awaiting a pain management referral. The treatment plan was for an Orthopedic Surgeon Consult for the lumbar spine. The rationale for request was low back pain. The request for authorization form was submitted 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgeon Consult for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: Based on the clinical information submitted for review, the request for Orthopedic Surgeon Consult for Lumbar is not medically necessary. As stated in California ACOEM Guidelines, a surgical consultation is recommended for patients who have severe and disabling radiculopathy in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than 4 to 6 weeks; imaging evidence of a lesion (disc herniation, spinal stenosis, spondylolisthesis) with clear clinical correlation to the patient's symptoms and physical findings (at the correct level and on the correct side); and failure of time and an adequate trial of conservative treatment, generally including epidural glucocorticosteroid injection(s), to resolve disabling radicular symptoms. Although the injured worker was noted to have continued complaints of low back pain shooting down his right leg, there were insufficient clinical and diagnostic findings that were consistent with severe and disabling radiculopathy as recommended by the guidelines to warrant a surgical consultation. There was also a lack of documentation showing the injured worker had failed all approaches of conservative treatment to include steroid injections and physical therapy. The 04/18/2014 physician note reported the pain that the injured worker is complaining about is "likely not from the spine" and he referred him to pain management. As such the request for Orthopedic Surgeon Consult for the Lumbar Spine is not medically necessary.