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| Case Number: | CM14-0136731 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 06/16/2014 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 08/11/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 Internal Medicine 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 injured worker is a 48 year-old male who reported a work related injury on 06/16/2014. The mechanism of injury was not provided for review. The injured workers diagnosis consisted of lumbago. Within the documentation provided for review there was no prescribed medication list, surgical history, subjective/objective documentation, or treatment plan. However, there was an MRI dated 07/13/2014. The MRI revealed; degenerative changes in the lumbar spine, mild canal stenosis, mild narrowing of the right lateral recess and mild neural foraminal stenosis at L4-5, and disc bulges with annular fissuring at L2-4. The rationale for the request and the request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro surgeon referral for treatment for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The request for a neuro surgeon referral for treatment for the lumbar spine is not medically necessary. The California MTUS/ACOEM states a referral for surgical

consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies such as radiculopathy, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standard tests such as the second edition of the Minnesota Multiphasic Personality Inventory. In addition, clinicians may look for Waddell signs during the physical exam. Within the documentation provided for review, an MRI revealed degenerative changes in the lumbar spine, mild canal stenosis, mild narrowing of the right lateral recess, and mild neural foraminal stenosis, and disc bulges. However, there is a lack of documentation of a neurological examination that would confirm radiculopathy. In addition, there is no indication in the documentation that the injured worker has had a course of conservative care as physical therapy notes were not provided for review. As such, the request for a neuro surgeon referral for treatment for the lumbar spine is not medically necessary.