

Case Number:	CM14-0177726		
Date Assigned:	10/31/2014	Date of Injury:	05/24/2014
Decision Date:	12/24/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of May 24, 2014. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for an orthopedic spine surgery consultation, stating that the applicant was not a surgical candidate. The claim administrator, somewhat interestingly, did cite a lumbar MRI of September 8, 2014, which did demonstrate a far lateral disk herniation at the right L5-S1 level, which was abutting the right L5 nerve root. The applicant's attorney subsequently appealed. In a September 30, 2014 progress note, the applicant apparently consulted a lumbar spine surgeon, who referenced an MRI of the lumbar spine of September 8, 2014 demonstrating a 6- to 7-mm far lateral disk herniation at L5-S1, which did about the exiting L5 nerve root. Twelve sessions of physical therapy had already had been performed, without relief. The applicant was off of work, on total temporary disability. The attending provider suggested that the applicant undergo an epidural steroid injection therapy and consult a general surgeon for an incidentally described umbilical hernia. The applicant was placed off of work, on total temporary disability, while tramadol was prescribed. An earlier progress note of September 17, 2014 was notable for comments that the applicant had ongoing complaints of low back pain radiating into the left lower extremity with associated disk herniation appreciated on MRI imaging of September 8, 2014. An orthopedic spine surgery consultation was endorsed on the grounds that the MRI findings were positive. A rather proscriptive 10-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Spine Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 305, referral for surgical consultation is indicated for applicants who have severe and disabling radicular complaints with associated imaging evidence of a lesion amenable to surgical correction which has failed to respond favorably to conservative treatment. In this case, the applicant had, in fact, failed conservative treatment in the form of time, medications, observation, and at least 12 prior sessions of physical therapy. The applicant was off of work, on total temporary disability. Severe complaints of pain were reported both prior to and on the date of the orthopedic spine surgery consultation. The applicant did have MRI imaging establishing the presence of a lesion amenable to surgical correction. The orthopedic spine surgery consultation at issue was, consequently, indicated. Therefore, the request was medically necessary.