

Case Number:	CM14-0205286		
Date Assigned:	12/17/2014	Date of Injury:	09/19/2013
Decision Date:	02/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/08/2014

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, has a subspecialty in Nephrology 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:

This is a 48-year-old male with a 9/19/13 date of injury. According to a progress report dated 10/29/14, the patient reported a lot of pain, which he felt was gradually worsening. The greatest pain was in his lumbar spine bilaterally. He also complained of pain that radiated from his left elbow towards the shoulder. The UR decision 12/5/14 refers to a progress report dated 11/26/14, which was not provided for review. This report indicated that the patient has had a previous consult with a neurosurgeon who recommended a discectomy and fusion. He has had no improvement with conservative care and would like a reevaluation. Objective findings: limited lumbar range of motion, limited left shoulder range of motion, right shoulder range of motion is full in all directions, swelling and tenderness over the medial aspect of the left upper arm and elbow when compared to the right. Diagnostic impression: chronic low back pain secondary to grade 2 anterolisthesis of L5 over S1, chronic left hip pain, high blood pressure, chronic left shoulder pain, insomnia secondary to pain. Treatment to date: medication management, activity modification. A UR decision dated 12/5/14 denied the request for referral to a neurosurgeon for evaluation of the lumbar spine. In order to consider referral to a neurosurgeon, a copy of the most recent lumbar MRI report is needed along with a thorough evaluation related to lumbosacral complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with a neurosurgeon to evaluate lumbar spine QTY #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112, 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS supports spine surgeon referral with severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (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. According to the reports reviewed, there is no documentation of neurological deficits noted on physical examination. In addition, there is no documentation of any recent diagnostic studies or imaging studies. There is no discussion regarding an extreme progression of his symptoms or activity limitations as a result of his condition. Therefore, the request for Evaluation with a neurosurgeon to evaluate lumbar spine QTY #1 was not medically necessary.