

Case Number:	CM14-0075093		
Date Assigned:	07/16/2014	Date of Injury:	12/27/2000
Decision Date:	05/28/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 64 year old female, who sustained an industrial injury on 12/27/2000. She reported a back injury from moving a table that broke. The injured worker was diagnosed as having displacement of lumbar intervertebral disc and radiculitis. Treatment to date has included diagnostics, mental health treatment, and medications. On 2/13/2014, the injured worker complained of pain all over her body, worst in her low back and left lower extremity. She continued to report her leg "giving out", and radiating pain down both lower extremities (left greater than right). Associated symptoms included weakness and numbness of her legs and lower spine. Current medications included Ibuprofen, with some benefit and no reported side effects, and Klonopin. Physical exam noted decreased sensation in the left L5 distribution, positive left straight leg raise, and giveaway weakness of the left leg. The treatment plan included left transforaminal epidural steroid injection, physical therapy, and a referral for spinal orthopedic consultation (noting her request for LASER surgery). The progress report (3/27/2014) noted a 50% reduction in left lower extremity pain, following left transforaminal epidural steroid injection (3/14/2014). She continued to report pain in her low back and buttocks and continued to use a cane, but felt function had improved in the sense of using cane less.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal Ortho Consult: 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): 288.

Decision rationale: CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. The MRI from 8/13/13 shows stenosis without nerve root displacement. The examination shows normal strength and a straight leg raise without reproduction of radiating symptoms. Based on the above, the referral to orthopaedic spine has not met criteria and is therefore not medically necessary.