

Case Number:	CM15-0064227		
Date Assigned:	04/10/2015	Date of Injury:	08/28/2014
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/04/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on 8/28/2014. He reported a sharp pull and pain to his lower back; he subsequently developed pain and discomfort of his right groin. Diagnoses have included left lumbar radiculopathy with large L5-S1 disc herniation. Treatment to date has included lumbar magnetic resonance imaging (MRI) and medication. According to the progress report dated 2/26/2015, the injured worker complained of low back pain with bilateral leg radiating symptoms. The pain was rated at 7/10. Physical exam revealed an antalgic gait. Lumbar spine exam revealed diminished lordosis, right paralumbar muscle guarding and tenderness and right pelvic tilt. Lumbar spine range of motion was restricted and painful. Authorization was requested for palliative left L5-S1 lumbar epidural injection and spine surgical consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgical consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): occupational practice medicine guidelines, page(s) 2-3.

Decision rationale: The California MTUS guidelines state: Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management. Regarding this patient's case, referral to a spine surgeon is being requested. This patient was also just approved by utilization review for a palliative left L5-S1 epidural injection in the hopes of improving symptoms and avoiding surgery. Utilization review likewise declined the request for a spine surgery consult at this time until the epidural injection can be performed and the results assessed. This is a reasonable decision. Independent medical review is in agreement with utilization review that a spine surgery consult is not necessary at this time. However, if the epidural injection fails to improve symptoms, this consult may at that time become a necessity. Therefore, the requested medical treatment is not medically necessary.