MAXIMUS Federal Services

Case Number:	CM14-0141923		
Date Assigned:	09/10/2014	Date of Injury:	05/12/2000
Decision Date:	10/20/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 57-year-old male with a 5/12/00 date of injury to his back while working as a machine operator. The patient was seen on 8/6/14 with complaints of continued back pain radiating into his feet and associated numbness. Exam finings revealed tenderness in the right paraspinals with decreased flexion and extension and positive right straight leg raising test. There was decreased sensation in the right leg in L5 distribution and decreased heel to toe walk. The patient failed 3 previous epidural injections and had PT and acupuncture. The patient had an MRI of the lumbar spine dated 3/28/14 that demonstrated disc desiccation at multiple levels with multiple bulkiness and bilateral hypertrophic facet changes at L3-L4 and L4-L5. The diagnosis is lumbar sprain/strain and postlaminectomy syndrome. Electrodiagnostic study dated 5/19/14 revealed that there was no evidence of peripheral neuropathy or entrapment neuropathy in both lower extremities and that there was evidence of acute bilateral L5 and S1 lumbosacral radiculopathy. Treatment to date: work restrictions, acupuncture, medications, steroid injections and PT.An adverse determination was received on 8/01/14 given that there was no indication in that case of spondylolisthesis or a disc herniation or compression fracture, or any other condition potentially amenable to surgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient surgical Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

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

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. The patient underwent an orthopedic evaluation on 7/15/14 and requested a spine specialist visit. The patient was diagnosed with postlaminectomy syndrome, however the date of the surgery was not provided. The electrodiagnostic study dated 5/19/14 revealed that there was no evidence of peripheral neuropathy or entrapment neuropathy in both lower extremities and that there was evidence of acute bilateral L5 and S1 lumbosacral radiculopathy. There is a lack of documentation indicating that the patient had any disabling leg symptoms and an MRI dated 3/28/14 did not show any findings at L5-S1, where the patient had some sensory and motor deficits on the exam; however the degree of these were not quantified. Therefore, the request for Outpatient Surgical Consultation is not medically necessary.