

Case Number:	CM13-0017187		
Date Assigned:	10/11/2013	Date of Injury:	06/30/1999
Decision Date:	11/30/2015	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/27/2013

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: Illinois, California, Texas
 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:

This injured worker is a 51-year-old male who sustained an industrial injury on 6/30/99. The mechanism of injury was not documented. Recent conservative treatment included physical therapy, facet joint injections, trigger point injections, medications, and activity modification. Review of the 1/10/13, 2/5/13, and 6/4/13 progress reports indicated a new onset of left lower extremity pain and 3/5 quadriceps and anterior tibialis weakness as of 6/4/13. Functional difficulty was noted with work duties. The 7/25/13 treating physician report cited continued grade 7/10 low back pain radiating to the left lower extremity with difficulty sleeping. He reported that he was happier and more energetic following testosterone injections. Medications included Ultracet, Celebrex, and Lidoderm patches. Physical exam documented slow and deliberate antalgic gait favoring the left lower extremity with midline lumbar pain to palpation. Lumbar range of motion was moderately limited. There was 3/5 left quadriceps and anterior tibialis weakness, and decreased sensation in the right L5 distribution. There was a positive left straight leg raise and difficulty toe walking on the left. He underwent a lumbar MRI on 7/23/13. Imaging showed worsening degenerative disc disease with marked left paracentral disc extrusion abutting the left S1 nerve root, posterior central disc protrusion, and moderate right paracentral disc protrusion since his last MRI in 2010. The injured worker had failed conservative treatments including 80 pound weight loss with no change in his pain level. Authorization was requested for neurosurgeon consultation for evaluation of chronic low back pain with left lower extremity radiculopathy. The 8/5/13 utilization review non-certified the request for neurosurgeon consultation for evaluation of chronic low back pain with left lower extremity radiculopathy. The rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon Consult for evaluation of chronic low back pain with left lower extremity radiculopathy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have been met. This injured worker presents with worsening low back pain radiating into the left lower extremity and progressive lower extremity weakness. Clinical exam findings are consistent with imaging evidence of a marked disc extrusion with nerve root compromise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.