

Case Number:	CM13-0038344		
Date Assigned:	12/18/2013	Date of Injury:	07/01/1992
Decision Date:	01/29/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology and is licensed to practice in Massachusetts, Ohio, and Texas. 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 physician 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:

The patient is a 50-year-old female who reported an injury on 07/01/1992. The mechanism of injury was not provided. The patient was noted to have paresthesias and numbness in the left leg and urinary problems. It was noted the patient is interested in pursuing an opinion from UCD in regard to stem cell treatment of the pain. The patient's diagnosis was noted to include lumbar disc degeneration. The request was for a neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery consultation treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2004, Chapter 7: Consultation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-306.

Decision rationale: ACOEM Guidelines indicate a surgical consultation is appropriate for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain, clear clinical imaging, and

electrophysiologic evidence of lesions that have been shown to benefit in both the short and long term from surgical repair, as well as failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the patient had paresthesias, low back pain that radiated into the left lower extremity, numbness in the left leg, and urinary problems. The patient was noted to have a cervical fusion and discectomy, cervical epidural, lumbar epidural, and CRPS (complex regional pain syndrome) stellate blocks times 8. However, there was a lack of documentation of the patient's neurologic evaluation to support the request. Additionally, there was a lack of documentation indicating the necessity for both consultation and treatment. Given the above and lack of documentation, the request for Neurosurgery Consultation treatment is not medically necessary.