

Case Number:	CM13-0038646		
Date Assigned:	12/18/2013	Date of Injury:	10/19/2007
Decision Date:	03/21/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery, and is licensed to practice in California. 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 37-year-old male who reported an injury on 10/19/2007. The patient's treatment history included surgical intervention, physical therapy, chiropractic care, injection therapy, and medications. The patient's most recent clinical documentation dated 08/27/2013 documented that the patient had been evaluated by a neurosurgeon, recommended an MRI of the lumbar spine. Physical findings from that visit included limited range of motion secondary to pain. The patient's diagnoses included lumbago, lumbar radiculopathy, lumbar spasm, neuropathy of the right leg, and failed back surgery. The patient's treatment plan included a followup evaluation with the neurosurgeon, an MRI of the lumbar spine, and continuation of medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Neurosurgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: The requested decision for 1 neurosurgeon consultation is not medically necessary or appropriate. The ACOEM Guidelines recommend surgical consultations for

patients who have clear imaging, clinical and electrodiagnostic evidence of a lesion that would benefit from surgical intervention. It is noted that the employee was previously evaluated by a neurosurgeon. The results of that evaluation were not provided for review. Additionally, it is noted within the documentation that the employee was recommended to undergo an imaging study. That imaging study was not provided for review. In the absence of this information, the need for surgical intervention cannot be determined and the appropriateness of a followup neurosurgeon consultation is also not supported. As such, the requested neurosurgeon consultation is not medically necessary or appropriate.