

Case Number:	CM13-0041865		
Date Assigned:	06/09/2014	Date of Injury:	01/22/2007
Decision Date:	08/05/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert 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 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:

The records presented for review indicate that this 51 year-old male was injured on 1/22/07. The mechanism of injury is lifting. The most recent progress note dated 10/29/13 indicates that there are ongoing complaints of low back and lower extremity pain. The physical examination demonstrated pain when attempting to raise up and down on his toes. There is no focal weakness. There is absent right ankle jerk and absent left knee jerk. The patient is generally hyper reflexive. Diagnostic imaging studies include mention of a lumbar MRI; however, it is not available for review. Previous treatment includes previous surgery, physical therapy, epidural steroid injections, and medications to include narcotic pain medications and skeletal muscle relaxers.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO NEUROSURGEON FOR FORAMINECTOMY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: The ACOEM states that an occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After review of the medical documentation it is reasonable for this patient to have neurosurgical evaluation, but there is not significant documentation to include objective clinical findings on physical exam, as well as neurosurgical recommendations for the surgical procedure requested. Therefore this request is deemed not medically necessary.