

Case Number:	CM13-0058732		
Date Assigned:	12/30/2013	Date of Injury:	05/12/2010
Decision Date:	06/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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. The expert reviewer is licensed in Chiropractic, and is licensed to practice in 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 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 injured worker is a 32 year-old male who sustained an injury to his low back on 5/12/10 when he lifted a 52-foot swimming pool kit. The records indicate that the injured worker has been treated with physical therapy, chiropractic manipulation treatment, acupuncture, trigger point injections, and multiple imaging studies, including lumbar MRI, thoracic MRI, and EMG of the bilateral lower extremities. The patient was seen on 12/24/13 for a Worker's Compensation Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT REFERRAL FOR NEUROSURGICAL CONSULTATION FOR THE LUMBAR SPINE: 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 Official Disability Guidelines.

Decision rationale: A Worker's Compensation Consultation dated 12/24/13 reported that the patient continues to complain of mid-thoracic back pain that radiates into the upper lumbar spine area 1-2 times a week; the pain was rated at 5-6/10. The injured worker stated that he wants to

return to work if his pain is under control. He was recommended as a candidate for an interdisciplinary pain program and was referred to a neurosurgeon for an initial HELP evaluation. There is no indication why the injured worker has to be referred to a neurosurgeon to obtain psychological clearance for a functional restoration program. Given this, the request is not medically necessary.