

Case Number:	CM14-0001273		
Date Assigned:	01/22/2014	Date of Injury:	11/30/1998
Decision Date:	03/26/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/03/2014

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 Emergency Medicine and is licensed to practice in New Hampshire, New York and Washington.. 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 patient is a 68-year-old male with a date of injury of November 30, 1998. He has chronic low back pain and he is status post L4-5 laminectomy with bilateral foraminotomies in October 2005 and 2011. His injuries over 15 years old. The patient complains of chronic discomfort in his back. There is no pain radiating into the legs. He does occasionally get some numbness sometimes with standing. He has had 2 previous surgeries and lumbar spine. On physical examination there was some diminished light touch sensation over the anterior thigh. No motor deficits were noted in the bilateral lower extremities. He currently only takes ibuprofen. Patient's main complaint is numbness in his genital region. He reports that the numbness in the genital area was there prior to his previous 2 surgeries but not as significant as it is now. At issue is whether follow-up with the neurosurgeon is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Neurosurgeon: 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 Evidence basis guidelines support specialty consultation

when the diagnosis is uncertain are extremely complex or when psychosocial factors are present or with the plan or course of care may benefit from additional expertise

Decision rationale: This patient does not meet established criteria for referral to a neurosurgeon at this time. Specifically the patient's injuries are over 15 years old and appears to be stable in nature. More poorly, the patient does not have any diagnostic testing to determine if there is any concern for the neurologic deficit consisting of numbness in the scrotal region and in the legs. The patient was first need neurologic testing in the form of EMG and imaging studies in the form of another MRI of the lumbar spine. However there is no documentation of a new potential surgical lesion in this patient's case at this time. The patient has a long-standing injury and has had multiple lumbar surgeries. Since there is no significant change the patient's symptomatology and no new medical evidence in the form of neurophysiologic testing or imaging that indicates neural compression, referral to a neurosurgeon is not necessary at this time.