

Case Number:	CM14-0008710		
Date Assigned:	02/12/2014	Date of Injury:	05/27/2011
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 injured worker is a 69-year-old male who was injured on May 27, 2011. The mechanism of injury was not provided for review. The injured worker is documented as having diminished lumbar spine range of motion with painful range of motion. Previous imaging studies include radiographs demonstrating spondylolisthesis at L5-S1. A previous MRI of the lumbar spine was obtained on April 1, 2013; it indicated a 7-8 mm grade 1 anterolisthesis of L5 on S1 with probable L5 bilateral pars defect, moderate to severe bilateral facet arthropathy, and narrowing of the bilateral neural foramina secondary to anterolisthesis and disc bulging. A subsequent CT scan of the lumbar spine on April 11, 2013 documented a 2-3 mm retrolisthesis with overlapping at L1-2 and multilevel degenerative changes with this bulging.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO NEUROSURGEON: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, SECOND EDITION, 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

Decision rationale: The ACOEM supports the use of referral when the plan or course of care may benefit from additional expertise. Based on the clinical documentation provided, there are multilevel degenerative changes of the lumbar spine including a grade I 7-8mm spondylolisthesis at L5-S1. Given the significant changes noted on imaging studies, it is reasonable to consult a neurosurgeon for further management. As such, the request is medically necessary.