

Case Number:	CM14-0107679		
Date Assigned:	08/01/2014	Date of Injury:	08/27/1998
Decision Date:	09/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 64-year-old gentleman who was reportedly injured on August 27, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated August 4, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a slow somewhat wide-based gait. There was diffuse tenderness along the cervical, thoracic, and lumbar spine. There was also tenderness of the right sacroiliac joint was a positive Patrick's test and Gaenslen's test. There was a normal upper and lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed degenerative disc disease or stat L3 - L4 and facet hypertrophy at L3 - L4 and L4 - L5. Previous treatment includes physical therapy and oral medications. A request had been made for a neurosurgery referral and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Neurosurgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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

Decision rationale: It is unclear why there is request for a referral to neurology when the most recent progress note dated August 4, 2014, does not contain any abnormal neurological findings. Considering this, the request for a referral to neurologist not medically necessary.