

Case Number:	CM14-0134431		
Date Assigned:	08/27/2014	Date of Injury:	10/11/2013
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Medicine 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 54 year old male whose date of injury is 10/11/13. Agreed medical evaluation dated 04/18/14 indicates that the mechanism of injury occurred when he was transferring a patient from a wheelchair to a bed. He has a history of a prior back injury. He complains of back and neck pain. Diagnoses are multilevel degenerative disc disease of the cervical spine, multilevel degenerative disc disease most striking at L5-S1, normal shoulders and normal hips. The injured worker can be considered to have reached maximum medical improvement as of this date. Future treatment is recommended to include medication management and home exercise program. Lumbar MRI dated 05/15/14 revealed degenerative disc disease with bilateral neural foraminal encroachment at L3-4, L4-5 and L5-S1. Cervical MRI dated 05/15/14 revealed degenerative disc disease with neural foraminal encroachment from C3-4 to C6-7, moderate central canal stenosis at C6-7, and mild central canal stenosis at C5-6. Follow up note dated 07/27/14 indicates that cervical range of motion is full and muscular strength is normal. Back exam reveals 5/5 strength, full range of motion and negative straight leg raising.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery/Spine Surgeon Consultation: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Based on the clinical information provided, the request for neurosurgery/spine surgeon consultation is not recommended as medically necessary. There is no clear rationale provided to support the request at this time. Physical examination on 07/27/14 revealed normal strength and full range of motion of the neck and low back. It is unclear how the consultation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work as required by ACOEM Guidelines. Therefore, medical necessity of the request is not established at this time.