

Case Number:	CM14-0158814		
Date Assigned:	10/02/2014	Date of Injury:	10/28/2013
Decision Date:	10/29/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

Medical records reflect the claimant is a 37 year old male who sustained a work injury on 10-28-13. Neurosurgery consult on 4-24-14 notes the claimant had lower back symptoms, which are progressive in nature. He has pain in his back and pain that radiates down both legs, worse on the right than the left. Back pain is worse than leg pain. He has had conservative care, including chiropractic treatment, but has not had injections. Exam reveals 4/5 weakness in plantar flexion on the right, otherwise 5/5 strength, numbness and tingling mostly in an S1 distribution on the right, and BMI of 28. Review of diagnostic tests, including the x-ray and the MRI indicates that there is primarily single level disease, moderate to severe. There is disc height collapse, disc herniation, blackened disc, and early facet arthropathy with neuroforaminal narrowing. He noted that the claimant will be looking at either L5-S1 decompression or L5-S1 decompression and stabilization. An office visit on 8-28-14 notes the claimant's exam is unchanged. The evaluator recommended the claimant follow-up with the surgeon and requested surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request Referral to Neurosurgeon for Surgical Procedure to Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 7, Page(s): 503-524.

Decision rationale: ACOEM Guidelines as approved by CA Chapter 7 Independent Medical Examinations and Consultations pages 503-524 notes that a consultation is indicated to 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is an absence in documentation noting that this claimant has exhausted all conservative treatment before considering surgical intervention. Therefore, the medical necessity of this request is not established.