

Case Number:	CM14-0173064		
Date Assigned:	10/23/2014	Date of Injury:	03/25/2009
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

9/24/14 note reports pain in the lumbar spine with radiating pain. There is also radiating pain in the left upper arm. Pain in the back is worse with stair climbing, increased activity, and the insured is using a cane for assistive device. There was plan for cervical MRI. There is not documented neurologic examination. 3/26/14 note indicates pain in the lumbar spine with radiating pain. There is also radiating pain in the left upper arm. Pain in the back is worse with stair climbing, increased activity, and the insured is using a cane for assistive device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon consultation following cervical MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain Page(s): 303-306.

Decision rationale: MTUS supports referral for specialty care referral for surgical consultation when there is: - Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise.- Activity limitations due to radiating leg pain for more than one month or

extreme progression of lower leg symptoms.- Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair.- Failure of conservative treatment to resolve disabling radicular symptoms. The medical records provided for review do not support progressive neurologic changes in the insured. There is no indication of failure of conservative care or demonstrated progression of condition from 3/26/14 to 9/24/14 in support of neurosurgical referral. There is no documentation of spine instability in support of referral. Congruent with MTUS, the medical records do support medical necessity for referral to specialist.