

Case Number:	CM14-0177837		
Date Assigned:	10/31/2014	Date of Injury:	06/20/1994
Decision Date:	12/08/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 patient has a date of injury of June 20, 1994. The patient has chronic back pain. On physical examination the patient has tenderness to palpation of the low back. Straight leg raising is positive at 90 bilaterally. There is decreased range of motion in the lumbar spine. Lumbar MRI from September 2014 shows isthmic spondylolisthesis at L4-5 with moderate L3-4 and L4-5 spinal stenosis. The patient has not been indicated for spinal surgery by the orthopedic surgeon. At issue is whether a second opinion with a neurosurgeon is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Neurological consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary (updated 08/22/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter

Decision rationale: This patient does not meet criteria for second opinion with a neurosurgeon. The medical records do not document that this patient has significant neurologic findings. In addition the medical records do not document an adequate trial and failure conservative measures recently to include physical therapy. There is limited documentation of physical exam findings showing any neurologic deficit. Consultation with a neurologic surgeon is not medically necessary at this time. The patient is early seen an orthopedic surgeon who did not indicate surgery. More conservative measures are necessary. The medical records do not justify referral to a neurologic surgeon at this time.