

Case Number:	CM14-0025429		
Date Assigned:	03/03/2014	Date of Injury:	04/09/2008
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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 Neurological Surgery 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 47-year-old female who was injured on April 9, 2008. The injured worker is documented as being status post spinal surgery on May 2, 2011. Initial findings indicate the injured worker had improvement of pain but now has progressively experienced low back and lower extremity pain. Attempted conservative measures have included anti-inflammatories. The document dated February 24, 2014 does not provide a physical examination but does recommend reevaluation by the neurosurgeon that has previously performed the operative intervention. The utilization review in question was rendered on December 18, 2013. The reviewer has non-certified the requests for a neurosurgical evaluation. The reviewer indicates that no recent clinical documentation was submitted with the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROSURGEON EVALUATION BY [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

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

Decision rationale: The ACOEM supports the use of referral when a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. Based on the documentation provided, the claimant has previously undergone lumbar surgery and is now experiencing the low back pain with lower extremity radicular symptoms. As such, the requested neurosurgical evaluation is considered medically necessary.