

Case Number:	CM14-0040981		
Date Assigned:	06/27/2014	Date of Injury:	07/31/1981
Decision Date:	08/15/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational 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 claimant was injured on 07/31/81. A referral to neurosurgery is under review. The claimant is status post laminectomy at L3-4 in 1985. She still has chronic neck and low back pain. She has spasm of the neck and low back with positive straight leg raising and decreased lordosis. There is no history of recent trauma. A recent MRI showed no changes from her prior MRI four years ago. There was no surgical lesion identified. Referral to a neurosurgeon was not certified. The claimant had an MRI on 07/22/13 that showed multilevel lumbar canal stenosis that was stable since 2010. There was multilevel spondylolisthesis and severe dextroscoliosis. Facet arthropathy was noted at multiple levels. There was spinal canal stenosis at L4-5 level. She has been determined to be permanent and stationary. On 02/05/14, she was evaluated and she complained of chronic neck pain that was worse in the morning. She was afraid of having epidurals and was thinking about having surgical correction of the problem. She saw [REDACTED] on 03/11/14. She had chronic pain that was worse with lifting, twisting, and walking and radiated to her left lower extremity. She had spasms and stiff rotation with decreased lordosis and grip strength and positive left leg raising. She was also seen on 05/06/14. She received refills of her medications. The specific indication for a neurosurgery consultation has not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral Neurosurgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for a neurosurgery consultation at this time. The MTUS chapter 8 states "referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term; unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehabilitation (PM&R) specialist may help resolve symptoms. Based on extrapolating studies on low back pain, it also would be prudent to consider a psychological evaluation of the patient prior to referral for surgery." Chapter 12 states "referral for surgical consultation is indicated for patients who have: 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." If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Again, if there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms." "There is no indication that surgery has been recommended or is likely to be necessary. Under these circumstances, referral to a neurosurgeon cannot be supported as medically necessary or appropriate.