

<b>Case Number:</b>	CM14-0066670		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/30/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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, has a subspecialty in Pain Management 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:

This case involves an injured worker with a date of injury of 5/30/08. A utilization review determination dated 5/1/14 recommends non-certification of neurological spine consultation, noting that an orthopedics consultation was previously approved. The 3/24/14 medical report identifies low back pain 7/10. On exam, there is tenderness and spasm of the paralumbar muscles bilaterally with some mild ROM limitations. There is positive Valsalva maneuver and Kemp's test is positive bilaterally. A neurosurgical spine consultation was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurological spine consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

**Decision rationale:** Regarding the request for neurosurgical consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely

complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has low back pain, but there are no subjective, objective, imaging, and/or electrodiagnostic findings suggestive of a surgical lesion, and another rationale for the consultation has not been presented. In the absence of such documentation, the currently neurosurgical consultation is not medically necessary.