

Case Number:	CM14-0088263		
Date Assigned:	07/23/2014	Date of Injury:	09/22/1998
Decision Date:	08/27/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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:

5/5/14 notes indicate pain in the neck with radicular pain and numbness with tingling in the feet and numbness in the left lower extremity to the great toe. There is a history of previous lumbar surgery in May 2012. Examination notes the exam is guarded. There are spasms and tenderness in the lumbar spine. Strength is reduced to 5-/5 in the left hip flexors. There is reduced Range of Motion (ROM) in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office consultation with neurosurgeon, [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back Page(s): 305-306.

Decision rationale: The medical records support activity limitations that have been occurring greater than one month with lower leg symptoms with neurologic deficit lasting greater than one month. MTUS guidelines support referral to specialist for further opinion and evaluation regarding etiology, prognosis, and to guide further treatment. The request is medically necessary and appropriate.

