MAXIMUS Federal Services

Case Number:	CM14-0095961		
Date Assigned:	08/06/2014	Date of Injury:	05/02/2014
Decision Date:	10/30/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 Internal 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 patient is a 48 year old male who was injured on 5/2/2014.Mechanism of injury is unknown. He has been treated conservatively with physical therapy unknown session and aqua therapy. His medication history included Tramadol, Flexeril and Relafen. The patient underwent laminectomy 20 years ago. Progress report dated 8/6/2014 indicated the patient has had no significant improvement and he was diagnosed with sprain lumbar region. Diagnostic studies revealed MRI lumbar spine without and with contrast dated 6/4/2014 indicated impression previous left hemilaminectomy has been performed at L5-S1. Central protrusion with annular tearing identified at L4-L5. Central and left posterior lateral protrusion identified at L3-L4. It causes mild mass effect upon the sub adjacent left L4 descending nerve root in the lateral recess mild central stenosis and borderline1to2 millimeter spondylolisthesis. Prior utilization review dated June 13, 2014 indicated the request for referral to a neurosurgeon for consultation (only) between 6/11/2014 and 7/26/2014:is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a neurosurgeon for consultation (only) between 6/11/2014 and 7/26/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305, 306.

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), 2ndEdition, (2004) Chapter 7, Independent Medical Examinations and Consultations pages 503-524

Decision rationale: The guidelines recommend follow up visits and consultations as deemed necessary by the treating physician. The clinical documents should clearly identify the indication for referral or follow up which should fit within current guidelines. The patient's injury appeared to be on 05/01/14. Within the first three months of low back pain symptoms only patients with severe spinal disease and debility or with progressive neurological symptoms generally benefit from surgery. The documents provided did not demonstrate that the patient has adequately undergone a trial of conservative care. The patient does not appear to have progressive neurological symptoms. The documents did not adequately discuss the indication for neurosurgical consultation. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.