

Case Number:	CM13-0002754		
Date Assigned:	03/03/2014	Date of Injury:	05/29/2011
Decision Date:	07/28/2015	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female who sustained an industrial injury on 5/29/11. The injured worker was diagnosed as having lumbar disc herniation without myelopathy and lumbar neuritis/radiculitis. Currently, the injured worker was with complaints of lower back pain with radiation to the lower extremities. Previous treatments included injection therapy, medication management and activity modification. Previous diagnostic studies included a magnetic resonance (1/8/13) imaging revealing a mild disk bulge from L2 to S1. The plan of care was for a neurosurgeon evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with Neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004 Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation page 127.

Decision rationale: ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. In this case there are no neurological deficits on examination and there are no substantial compressive findings on MRI imaging of the spine. Thus there is no apparent means by which a neurosurgery consultation would be helpful in guiding diagnosis or treatment. Therefore this request is not medically necessary.