

Case Number:	CM14-0125599		
Date Assigned:	08/11/2014	Date of Injury:	05/31/2013
Decision Date:	01/23/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 46-year-old male who reported an injury on 05/31/2013. While moving a refrigerator from the fourth floor with a coworker, the patient was pushing the refrigerator down the stairs and he felt a sharp pain to his back. The diagnoses included lipoma versus hemangioma, spondylotic changes at the lumbar spine, spinal canal stenosis, anterior tear, disc bulge at the L4-5, and annular tear at the L5. The injured worker presented on 07/08/2014 for follow-up with complaints of lumbar spine pain. The patient rated his pain at 7/10 using the VAS. Medications included hydrocodone. Past treatments included chiropractic therapy. The MRI of the lumbar spine revealed that his alignment was anatomic. Spondylosis was seen at the L4 through S1 levels. Disc desiccation was noted at the L4 through S1 levels. Lipoma versus hemangioma was seen within the L4 vertebral body that measured 1 cm. There was no evidence of signal abnormality within the conus medullaris or cauda equina, or within the axial transverse nerve roots. The central cord ended at T12-L1. The objective findings dated 07/08/2014 revealed no change on exam. However, the clinical notes also indicated the patient was given a referral for pain management for ongoing lumbar spine pain. It was unclear if the patient was responding to therapy. However, the provider indicated to continue with the therapy and chiropractic therapy. The treatment plan included a neurosurgical consultation. The Request for Authorization, dated 08/07/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgical Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for neurosurgical consultation is not medically necessary. The California MTUS Guidelines indicate that medical treatment guidelines apply when the injured worker has chronic pain that includes the provider begins with an assessment plan and determination of whether there are any red flags or potential serious conditions that would trigger an immediate intervention. The provider rules out a potentially serious condition, conservative management care is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation did not provide any physical examination, including objective findings that would indicate a neurosurgical evaluation. Therefore, the request for the neurosurgical consultation is not medically necessary.