

Case Number:	CM14-0177038		
Date Assigned:	10/30/2014	Date of Injury:	12/01/2009
Decision Date:	01/28/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 has a date of injury of 12/1/09. The industrial injury is noted to be a cumulative trauma condition with ongoing complaint of neck and low back pain with radicular symptoms and left knee pain. Treatment has included physical therapy and chiropractic treatment and injections. Medications currently include Flexeril, Naprosyn and omeprazole. MRI has demonstrated significant lumbar degenerative disc disease with disc herniation and stenosis. Consultation with a spinal specialist on 6/24/14 resulted in a recommendation for decompressive surgery at L3-S1 with possible fusion. His current diagnoses are cervical strain, lumbar strain, lumbar intervertebral disc herniation with radiculopathy, lumbar facet hypertrophy lumbar neuroforaminal stenosis from L2-S1, left knee sprain with meniscal tear and right knee meniscal tear. The primary treating physician has requested neurosurgical consult for lumbar spine and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon consult for the lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7, page 127; and the Official Disability Guidelines - TWC 2014, Office Visits

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), Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: The MTUS in the ACOEM guidelines notes that the practitioner may refer to other specialists 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. The consultation service to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case there is a consultation with an orthopedic spine specialist with recommendation for lumbar surgery. There does not appear to be any uncertainty regarding the diagnosis or management of this case. The records do not document a request for second opinion or any other reason for a neurosurgical consultation. The request for neurosurgical consult for lumbar spine and bilateral knees is not medically necessary.