

Case Number:	CM14-0189697		
Date Assigned:	11/20/2014	Date of Injury:	07/23/2014
Decision Date:	01/08/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old male with an injury date on 7/23/14. Patient complains of cervical pain rated 10/10, radiating into left arm with no numbness/tingling, and low lumbar pain rated 10/10, radiating into left lower extremity through the calf in the left toes with numbness/tingling per 11/4/14 report. The patient has increased pain, with trouble sleeping, discomfort, and muscle spasm per 10/10/14 report. The patient states that prolonged walking aggravates his pain per 9/19/14 report. Based on the 11/4/14 progress report provided by the treating physician, the diagnoses are: 1. cervical s/s, 2. lumbar s/s with the complaint of left sided radiculopathy. Exam on 11/4/14 showed "limited range of motion of C-spine, with flexion/extension reduced by 10 degrees. Limited range of motion of L-spine with all planes reduced by 20 degrees. Negative straight leg raise on right, positive on the left at 60 degrees." Patient's treatment history includes MRI of neck/back, medications (only Ibuprofen), and work modifications. The treating physician is requesting outpatient referral to neurosurgeon for further care of lumbar symptoms based on MRI findings. The utilization review determination being challenged is dated 11/12/14 and denies request, stating that it does not meet criteria for a referral to a specialist. The requesting physician provided treatment reports from 9/5/14 to 11/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient referral to neurosurgeon for further care of lumbar symptoms based on MRI findings: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127

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) ACOEM; 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127

Decision rationale: This patient presents with neck pain, lower back pain, left lower extremity pain. The treater has asked for OUTPATIENT REFERRAL TO NEUROSURGEON FOR FURTHER CARE OF LUMBAR SYMPTOMS BASED ON MRI FINDINGS on 11/4/14. An MRI of the L-spine (original not included in reports) showed a 4mm disc protrusion at L4-5 pressing on the nerve root per 9/5/14 report. Regarding consultations, ACOEM states that the occupational health 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. In this case, the patient presents with chronic cervical/lumbarpain. The treater has requested a consultation to a neurosurgeon for evaluation of an MRI-confirmed disc protrusion. The treater feels that a specialy consultation is needed. ACOEM supports specialty referrals. The requested outpatient referral to a neurosurgeon is medically necessary.