

Case Number:	CM14-0192107		
Date Assigned:	11/25/2014	Date of Injury:	04/26/2002
Decision Date:	01/14/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 Preventive Medicine has a subspecialty in Occupational Medicine 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 60 year old male who was injured at work on 04/26/2002. He is reported to be complaining of low back pain radiating to the thigh; treatment with trigger point injections provided only little relief. The physical examination revealed moderate cervical and thoracic, trapezius and infraspinatus spasms; moderate to severe spasms of the low back; severe tenderness of the Sacroiliac joints, right more than the left; and tenderness of the spinal processes of L5-S1; and normal neurological examination. The worker has been diagnosed of chronic neck and low back pain. Treatments have included have Norco, Methadone, and Soma. At dispute is the request for Neurological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker sustained a work related injury on 04/26/2002. The medical records provided indicate the diagnosis of chronic neck and low back pain. Treatments

have included have Norco, Methadone, and Soma. The medical records provided for review do not indicate a medical necessity for Neuro-surgical evaluation. The MTUS recommends surgical consideration only in cases with serious spinal pathology or nerve root dysfunction not responsive to conservative therapy, like in herniated disc. However, the records indicate the injured worker's neurological examination has remained normal. Therefore, the requested evaluation is not medically necessary and appropriate.