

Case Number:	CM14-0199579		
Date Assigned:	12/10/2014	Date of Injury:	08/26/2014
Decision Date:	05/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old male who sustained an industrial injury on August 26, 2014. He has reported a head injury and has been diagnosed with traumatic brain injury, extensive facial fractures, liver laceration, grade II, without open wound into cavity, maxillary sinus fracture, open fracture nasal bone, rib fractures, scalp laceration, degenerative disc disease, cervical pain, memory loss, new onset tinnitus, blurred vision, encephalomalacia, and sleep disturbance. Treatment has included a laceration repair, a repair of a 6 cm nose laceration, and medications. Recent progress report noted severe neck pain and lower back pain. The treatment request included a neuro-surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro surgery consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs.

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

Decision rationale: The MTUS addresses surgical consultation in complaints of the lower back as being indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. While radicular symptoms at this time are not clearly evident on exam based on the only clinical note provided (dated 10/31/2014, two months after the acute trauma), the provided documents indicate that the patient had severe trauma following a 20 foot fall, including multiple facial fractures. The patient has a history of prior back surgery (for herniated disc) and prior trauma with retained bullet fragments per provided imaging studies. Given the persistence of back and neck pain along with history of traumatic brain injury and the presence of bullet fragments adding potential danger to MRI imaging of the spine, neurosurgical consultation is warranted for evaluation. After evaluating the level of trauma in this case and the potential dangers of imaging given the presence of retained bullet fragments and prior history of spine surgery, the request for neurosurgical consultation is considered by this reviewer to be medically necessary.