

Case Number:	CM15-0140955		
Date Assigned:	07/30/2015	Date of Injury:	04/16/2015
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old male who sustained an industrial injury on 4-16-15. His initial complaints on exam were of a gradual onset of pain and discomfort in his lower back after working in an awkward position for a period of time. The injured worker has a "fairly significant history of back troubles", including scoliosis, degenerative disc disease, and Scheuermann's Disease. He has had no recent x-rays per the documentation and the physician documented that he "likely flared his underlying pre-existing condition". In addition to low back pain, he also complained of intermittent right thigh numbness. He reported his pain radiated to the right buttocks and posterior thigh. Treatment recommendations were conservative measures with medications. An MRI was ordered. Slight changes were noted on the MRI, however, he was diagnosed with Low Back Pain. The injured worker requested a referral to a "neurosurgeon or other specialist". The physician provided education and explained that he did not feel it was warranted, given the results of his MRI. Physical therapy was ordered. Currently, the patient continues to report that his pain is "the same". However, indicates that the numbness is gone from his right leg. He completed physical therapy, but reports that it was not helpful. Objectively, the physician documented that he "seems comfortable", however, opted to proceed with the neurosurgery referral due to "ongoing complaints and lack of progress with some changes on the MRI". There was authorization for a neurosurgeon, however, the injured worker indicated it was too far to drive. He is awaiting authorization for a geographically closer provider. Also of note, the injured worker disclosed plans to drive in a car for approximately 1000 miles on a trip and requested pain medications for that trip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon evaluation/treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the provider has no recommendation for surgery nor are there documented remarkable clinical findings or acute significant changes on the repeated MRI. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study remarkable for any surgical lesion. Guidelines support surgical consultation for the purpose of clarification of the treatment plan and diagnosis when there are presentations of persistent, severe and disabling symptoms with red-flag conditions identified to suggest possible instability, failure to increase in range in therapy with extreme progression of symptoms, and neurological deficits of muscular strength and specific sensory loss to suggest a surgical lesion that is imaging confirmed. Submitted reports have not adequately demonstrated support for this orthopedic consultation. The Neurosurgeon evaluation/treatment is not medically necessary and appropriate.