

Case Number:	CM15-0168295		
Date Assigned:	09/09/2015	Date of Injury:	01/24/2015
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/26/2015

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: Emergency 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 52 year old female, who sustained an industrial injury on 01-24-2015. The injured worker is currently off work. Current diagnoses include left knee pain, abnormal knee MRI, and low back pain potentially associated with radiculopathy. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, injections, and use of medications. Current medications include Hydrocodone-Acetaminophen, Levothyroxine, Gabapentin, Aspirin, and Diazepam. Lumbar spine MRI dated 07-22-2015 showed multilevel degenerative changes. There is noted broad based disc bulge at L4-5 and L5-S1 causing bilateral recess narrowing and mild bilateral foraminal stenosis. In a progress note dated 07-16-2015, the injured worker reported numbness in her feet bilaterally with prolonged standing. The injured worker reported seeing "Ortho who stated she needs neurosurgical evaluation and lumbar MRI, as he feels some of her knee pain is coming from her back". Objective findings included midline lumbosacral spine tenderness, paraspinal muscle tenderness with spasm, positive seated straight leg raise test, and tenderness to palpation to right posterior buttock. The Utilization Review report 08-04-2015 denied the request for a Neurosurgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has worsening back pains and bilateral lower extremity numbness that has failed conservative care. MRI shows findings that may be cause of pain. An initial consultation with neurosurgery is supported by documentation. A consultation with neurosurgery is medically necessary.