

<b>Case Number:</b>	CM15-0206779		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/12/2006
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 65 year old male, who sustained an industrial injury on 4-12-06. The injured worker was being treated for lumbar disc disease associated with lumbar radiculopathy. On 1-23-09, the injured worker complains of low back pain with radiation to both legs and left foot drop and left hip pain. Physical exam performed on 1-23-09 revealed causal gait, decreased muscle mass of extremities and arthroscopic portals of left knee. Treatment to date has included cortisone injection to hip (did not help), chiropractic treatment and activity modifications. There are no current records to reveal a current treatment plan. On 10-14-15 request for 4 neurology consults was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 neurosurgery consultations:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** The current request is for 4 NEUROSURGERY CONSULTATIONS. The RFA is not provided in the medical file. Treatment history include physical therapy, chiropractic care, left hip injection, and medications. There are no recent work status updates. ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." The most recent report provided for review is dated 01/23/09. According to this report, the patient presents with chronic low back pain with radiation to both legs and left foot drop. The patient also reports left hip pain. There is no discussion regarding the requested 4 neurosurgery consultations. ACOEM supports such consultations in cases where the patient's care could benefit from additional expertise. In this case, the treater has not expressed any concerns that would require 4 neurosurgery consultations. Given the lack of discussion regarding the medical necessity of a specialist consultation, the request IS NOT medically necessary.