

Case Number:	CM15-0028953		
Date Assigned:	02/20/2015	Date of Injury:	09/27/2000
Decision Date:	03/31/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 42 year old male, who sustained an industrial injury on 9/27/00. The injured worker has complaints of headaches and low back pain. He reports that he continues to have headaches since he has anxiety and depression. He has tenderness in paraspinal muscles. The diagnoses have included chronic neck pain; chronic low back pain with complaints of worsening pain; complaints of right shoulder pain post fall and status post traumatic brain injury with postconcussion syndrome stable. According to the utilization review performed on 2/5/15, the requested Neurosurgery consultation has been non-certified. California Medical Treatment Utilization Schedule (MTUS) references American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004), American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd edition, Chapter 7, Independent Medical Examinations and Consultations, page 127 was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004, Chapter 7

Decision rationale: The ACOEM Guidelines addresses the issue of consultation and give the practitioner significant leeway regarding a request for speciality consultation. The injury is nearly 5 years old and even though there does not appear to be a surgical condition, a surgical consult to address this issue with greater certainty is within the parameters of a reasonable referral per ACOEM Guidelines. Under these circumstances, the request for a Neurosurgical consultation is medically necessary.