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| Case Number: | CM15-0030524 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 10/02/2011 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

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: 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 female patient, who sustained an industrial injury on 10/02/2011. A primary treating office visit dated 01/30/2015, reported the patient stated that she has remained free from headache since starting Amitriptyline. Her left knee has been very painful. The dorsum of the left foot is tender to touch. She notices that her feet and legs go to sleep after extended sitting periods. She also reported having a new pain over the right lateral thigh/buttock area. The pain is rated a 7 in intensity with medications and a 10 in intensity without them. She is prescribed the following medications; Amitriptyline, Buprobion, Ibuprophen, Neurontin and Norco 10/325. Physical examination found neck with a prominent C7 hump. There was tenderness to palpation at the nuchal ridge bilaterally at the greater occipital nerve. Shoulder showed tenderness to deep palpation bilaterally; worse on the right. She had a positive scarf sign on the right. The following diagnoses have been made: cervicobrachial syndrome - diffuse; cervicalgia and lumbago. A request was made 02/04/2015 for a neurosurgical evaluation. On 02/11/2015, Utilization Review, non-certified the request, noting the CA MTUS/ACOEM, specialist consultations, Chapter 7 page 127 were cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127: Independent Medical Examinations and Consultations.

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

Decision rationale: Utilization review certified medications (Norco) and low back physical therapy as they are recommended conservative modalities that are reasonable in this case. 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. The provided records do not provide evidence meeting the requirements for surgical consultation at this time; the records do not indicate failure of conservative modalities (medications appear to be helpful at this time based on a note dated 2/26/15) and the patient is currently undergoing physical therapy for the first time. Therefore according to the guidelines, neurosurgical consultation is not medically necessary at this time, prior to completion of a trial of conservative treatment including medications and physical therapy.