

<b>Case Number:</b>	CM15-0030911		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/12/2001
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54-year-old male who sustained an industrial injury on 2/11/15 involving his head, thoracic spine and right shoulder. The exact mechanism of injury is unclear. He currently complains of lumbar spine pain with radiation to the left lower extremity with a pain level of 6/10; daily headaches. He has limited range of motion. Medications and muscle relaxants offer improvement in symptoms. On physical exam of the lumbar spine there was tenderness on palpation over the spinous processes of L4-5, left sacroiliac joint space, T11,12; right shoulder revealed tenderness on palpation over the right bicipital groove and positive Neer's and Hawkins-Kennedy signs. Medications were Skelaxin and Norco. Diagnoses include thoracic vertebrae fracture of the T10, 11, 12; thoracic spine strain/ sprain; migraine headaches; status post endoscopic surgery, right shoulder (11/28/12); compression fracture of T11-12 with residuals; right shoulder impingement syndrome, status post right shoulder arthroscopy X2. Diagnostics include MRI of the lumbar spine (5/19/11) showing degenerative disc disease, central posterior disc bulge and protrusion. In the progress note dated 1/22/15 the treating provider requested evaluation by a neurosurgeon for consultation and treatment for possible surgical candidacy. The Utilization review authorized the consultation but not the treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurosurgeon treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM guidelines, 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 Independent Medical Examination and Consultations ACOEM Practice Guidelines Second Edition Chapter 7 Page 127.

**Decision rationale:** According to ACOEM Practice Guidelines, Independent Medical Examination and Consultations Chapter, consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and parent residual loss and or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. A referral to a specialist may be needed if the diagnosis is uncertain or extremely complex, if psychological factors are present, or when the plan or course of care may benefit from additional expertise. The provider requested a spine MRI that was not yet performed. Depending of the results of the requested MRI a decision about neurosurgery evaluation can be made. Therefore, the request for neurosurgery treatment is not medically necessary without the results of the MRI.