

Case Number:	CM15-0043469		
Date Assigned:	03/13/2015	Date of Injury:	08/14/2014
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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 38-year-old male who sustained a work related injury on August 14, 2014, after falling on a wet floor onto his back and head with a loss consciousness. He had a history of a lumbar spine fusion surgery in 2013. He developed underlying low back pain with bilateral sciatica and painful neuropathy in the right upper extremity. He was noted to have a decline in cognitive functioning. Treatment included pain medications, nerve medications, physical therapy, pain management and antidepressants. He was diagnosed with spinal cord compression, concussion with a loss of consciousness, lumbar strain, cervical strain and nerve compression. Currently the injured worker complained of loss of memory, stuttering and cognitive deficits from the concussion after falling. The plan that was requested for authorization included a consultation with a Neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation Neurosurgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

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. There is no appropriate rationale for a repeat to neurosurgery. Patient was already seen by neurosurgeon who did not recommend any surgical intervention. There is no rationale for an additional neurosurgical visit. It is not medically necessary.