

Case Number:	CM15-0046184		
Date Assigned:	03/18/2015	Date of Injury:	01/30/2008
Decision Date:	04/23/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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, Pain Management, 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 patient is a 58-year-old male with a recorded date of injury of January 30, 2008. He is treated for symptoms in his lower back with imaging findings revealing a large disc herniation at L4-5 and L5-S1. Eight-millimeter spondylolisthesis is also described in the imaging findings. He is diagnosed with radiculitis. The report from February 2015 describes an exacerbation of his lower back pain and he last had an epidural steroid injection in November 2014. The current plan includes a neurosurgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgical Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 296, 305, 306. Decision based on Non-MTUS Citation American Medical Association. Guides to the Evaluation of Permanent Impairment - Dec 15, 2000 (pages 382-383).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition. Chapter 7, page 127.

Decision rationale: ACOEM 2nd edition Chapter 7 states that consultation is an option to assist with treatment. The appeal letter by the PTP describes evidence of instability in the spinal column and nerve root compression with correlative symptoms as the basis for the referral for surgical evaluation. The patient's symptoms have been controlled by epidural steroid injections in the past. The imaging findings (spinal column instability due to pars defect and nerve root compression) and correlative clinical findings (radicular symptoms relieved by ESIs) provide a basis for consideration of surgery and therefore the request for a neurosurgical consultation is medically necessary.