

Case Number:	CM15-0084447		
Date Assigned:	05/06/2015	Date of Injury:	10/06/2014
Decision Date:	06/05/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on October 6, 2014, incurring back and right ankle and knee injuries after a fall twisting his right leg. Right ankle and right hip x-rays were unremarkable. Magnetic Resonance Imaging of the right knee showed a partial tear of the anterior cruciate ligament. Magnetic Resonance Imaging of the lower back revealed lumbar disc degeneration with narrowing and disc bulging. He was diagnosed with a knee sprain, ankle sprain, hip sprain and lumbar degenerative disc disease with disc bulging and herniation. Treatment included anti-inflammatory drugs, pain medications, and physical therapy. Currently, the injured worker complained of burning in the lower back and hip with persistent pain in the right hip, knee and ankle. He was unable to hold posture for any length of time. He complained of difficulty walking and the inability to lay on his right side. The treatment plan that was requested for authorization included a consultation for a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 127, 305-306.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. The ACOEM MTUS Guidelines also states that referral to a neurosurgeon for low back pain is only indicated when the patient exhibits severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, has activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and failure of conservative treatment to resolve disabling radicular symptoms. In the case of this worker, there was insufficient objective evidence found in the documentation provided from MRI findings or physical examination findings to suggest a clear and significant spinal source of the worker's reported low back and hip pain. As such, with a lack of supportive evidence for a referral to a neurosurgeon to consider a surgical procedure, the request is not medically necessary.