

Case Number:	CM14-0161496		
Date Assigned:	10/06/2014	Date of Injury:	03/15/2014
Decision Date:	11/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient of the date of injury of March 15, 2014. A utilization review determination dated September 22, 2014 recommends consultation with a neurosurgeon and non-certification of "unspecified treatment with a neurosurgeon." Non-certification was recommended since a consultation should be completed before treatment is requested. A progress report dated September 9, 2014 identifies subjective complaints of low back pain and left leg pain with numbness and tingling. Objective examination findings revealed decreased sensation to light touch in the left L4, L5, and S1 dermatomes with breakaway weakness in his left dorsal flexor. Diagnoses include L4-5 disc protrusion and left L5-S1 radiculopathy. The treatment plan states that the patient is afraid of pursuing surgery as recommended by the neurosurgeon. Therefore, additional therapy will be requested and medications will be continued. A 2nd opinion neurosurgical consultation is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unspecified treatment with 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 page 127 and the Official Disability Guidelines (ODG), Low Back Office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for "Unspecified treatment with Neurosurgeon", California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it appears that a utilization review determination recommended certification of consultation only. However, a non-specific request for treatment is not medically necessary as the need for any specific treatment will depend in part on the results of the consultation and the specific treatment being requested at that time. In light of the above issues, the currently requested "Unspecified treatment with Neurosurgeon" is not medically necessary.