

Case Number:	CM15-0169422		
Date Assigned:	09/10/2015	Date of Injury:	05/22/2014
Decision Date:	12/03/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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: Preventive Medicine, 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:

This is a 44 year old female with a date of injury on 5-22-14. A review of the medical records indicates that the injured worker is undergoing treatment for lower back neck pain and headaches. Progress report dated 7-8-15 reports continued complaints of neck and back pain with radiation of back pain into the leg. She has complaints of constant headaches and nausea when the headache is severe. She has difficulty falling asleep, feels depressed and dizziness comes and goes. She also has complaints of trouble with her memory. Objective findings: neck and back are tender to palpation. Objective findings on 6-4-15: lumbar range of motion limited in all planes, pain with palpation lumbar spine left lower lumbar spine and SI. Treatment includes: medication and physical therapy. Neurological specialist opinioned a possible peripheral neuropathy and did not uncover a specific radiculopathy. Electrodiagnostics were recommended. Request for authorization dated 7-22-15 was made for referral to spine surgeon for symptoms related to the lumbar spine as outpatient. Utilization review dated 7-29-15 non- certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to spine surgeon: 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 and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ACOEM (2nd. ed) Chapter 7 Page 127: Consultations.

Decision rationale: MTUS Guidelines support specialist/surgical referral when there is reasonable evidence of a problem that can be improved by surgical intervention. At this point in time this standard has not been met with this individual. A neurological specialist has evaluated her and did not find evidence for a radiculopathy. He opined the possibility of a peripheral neuropathy and requested electrodiagnostic testing which has not been completed and would be essential if there was a request for surgical evaluation. There are no other indications for surgical intervention at this point in time per Guideline standards. The request for Referral to a Spine Surgeon does not meet Guideline standards and there are no unusual circumstances to justify an exception to Guidelines. The request for the Referral to a Spine Surgeon is not medically necessary.