

Case Number:	CM15-0064083		
Date Assigned:	04/10/2015	Date of Injury:	01/30/2008
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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

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 58 year old male with an industrial injury dated January 30, 2008. The injured worker diagnoses include large disc herniations at L4-5 & L5-S1 with superimposed spondylosis, right lumbosacral radiculitis involving L5-S1 nerve roots, lumbosacral strain with superimposed grade 1 spondylolisthesis, cervical disc herniation with superimposed spondylosis, cervicogenic headache, left cervical radiculopathy and left scapulothoracic strain, late effects. He has been treated with MRI of the lumbar 4/11/2012, prescribed medications, 3 lumbar epidural steroid injection (ESI), and periodic follow up visits. According to the progress note dated 2/25/2015, the injured worker report right leg pain and severe low back pain. Objective findings revealed difficulty changing positions, mild flexion antalgia, flattened lumbar lordosis due to muscle spasms, restricted lumbar flexion/extension and pain with lumbar range of motion. Tenderness and reactive spasm at L3-S1 were also noted on examination. The treating physician prescribed services for neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neurosurgical Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): Chapter 12, "Low Back Complaints", page 305.

Decision rationale: Submitted report has not shown progressive change in chronic pain symptoms, clinical findings, acute flare-up or new injuries for this chronic injury of 2008. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult. Examination has no specific change in neurological deficits to render surgical treatment nor is there any current diagnostic study remarkable for any new surgical lesion. Medical necessity has not been established for neurosurgical consult. The 1 Neurosurgical Consultation is not medically necessary and appropriate.