

Case Number:	CM15-0096061		
Date Assigned:	05/26/2015	Date of Injury:	03/01/1999
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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: Emergency 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 injured worker is a 64 year old male who sustained an industrial injury on 3/1/99 involving his back. Around the same time he had injuries to his neck, ear and fingers. He currently complains of cervical, lumbar, bilateral hip, wrist and bilateral lower extremity pain. On physical exam of the lumbosacral spine there is muscle tenderness. Neurological exam is documented as normal. There is contradictory documentation with statement of negative straight leg raise but "sciatica positive". Medications include Percodan, citalopram, amitriptyline, promethazine with codeine, Lidoderm 5%, Qalalaquin, halobetasol, ciclopirox topical 8%, flurazepam, topiramate, baclofen, alprazolam. Diagnoses include regional spinal pain; osteoarthritis; knee pain; lumbago; cervicgia; thoracic spine pain; cervical post spine surgery syndrome; headache; chronic pain syndrome; tobacco abuse; sciatica; cervical disc degeneration; lumbar disc degeneration; lumbar spinal stenosis with neurogenic claudication. Treatments to date include bilateral transforaminal epidural steroid injections with success; long-term opioid use. Diagnostics include MRI of the lumbar spine (8/20/14) showing small subligamentous disc protrusion L4/5 and small subligamentous disc spur L5-S1; MRI lumbar spine (3/17/11) showing multi-level disc facet changes. On 4/30 15 Utilization Review accessed the request for neurosurgical consult for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery consultation for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for referral. Documentation mentions something about the provider "reviewing" MRIs with a neurosurgeon but there is no rationale as to why patient's chronic pain requires a neurosurgeon. There is no documentation of any plan for intervention or any new changes in exam. Physical exam does not document any neurological deficits. There is no justification for a neurosurgical consultation. It is not medically necessary.