

Case Number:	CM13-0072500		
Date Assigned:	01/08/2014	Date of Injury:	10/03/2007
Decision Date:	04/06/2015	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/26/2013

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 York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 61-year-old male, who sustained an industrial injury on October 3, 2007, with a crush injury to the left foot/ankle. The diagnoses have included sciatica, right shoulder impingement, and cervical spine strain. Treatment to date has included orthotics, physical therapy, activity modification, and medications. Currently, the injured worker complains of low back pain with radiation. The Primary Treating Physician's report dated October 24, 2013, noted positive straight leg raises. A MRI of the lumbar spine dated October 3, 2013, was noted to show L4-L5 evidence of a distal left foraminal 4mm protrusion/subligamentous extrusion with a peripheral annular tear, with minimal proximal foraminal stenosis, and a L2-L3 minimally desiccated with a 2mm predominately left lateral bulge in the annulus and minor anterior spondylosis and no significant central or foraminal stenosis. On November 27, 2013, Utilization Review non-certified a consultation for a second opinion with a neurosurgeon, noting the record did not clearly identify the medical necessity of the requested consultation, and it was not entirely clear that the diagnostic and therapeutic modalities had been exhausted within the treating physician's scope of practice. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and the Official Disability Guidelines (ODG) were cited. On December 26, 2013, the injured worker submitted an application for IMR for review of a consultation for a second opinion with a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for a 2nd Opinion with a Neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations, pages 127 and 156; as well as the ODG Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter.

Decision rationale: The medical records do not indicate that this patient has exhausted conservative measures for lumbar disc herniation. The natural history of lumbar disc herniation indicates that most patients improve with conservative measures and PY over 3-4 months. There is no significant neurologic deficit that would warrant surgical intervention at this time. Neurosurgical consultation not medically needed because conservative measures have not been exhausted.