

<b>Case Number:</b>	CM13-0016427		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/14/1995
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

The patient is a 5'9", 150 lbs, 59 year-old male with an 8/14/1995 industrial injury. The medical reports available from [REDACTED] do not list a diagnosis. The 7/5/12 report from [REDACTED] the neurosurgeon, state the mechanism of onset was a fall in 1995. He had two separate lumbar spine surgeries over L4/5 and L5/S1, as well as thoracic spine fusion T5/6 and a C3/4 decompression and fusion. The earliest report from [REDACTED] states in August 1995 he was blown off a ladder and fell 35 feet. The utilization review denied the referral for neurosurgery consult because there was not an updated cervical MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A specialist referral to a neurosurgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): s 179-180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 179.

**Decision rationale:** The reporting from [REDACTED] shows the patient having increased neck pain from early 2013. He had had prior history of C3/4 decompression and fusion. [REDACTED]

was not sure if anything else could be done for the neck pain, and was not sure if hardware removal would help or not. On 8/7/13, [REDACTED] stated the patient had multiple questions about what could be done surgically, and it was felt that the questions would best be answered by a neurosurgeon and the consultation was requested. The request was not for a surgical procedure, but rather for a consultation to review options and to answer questions on possible outcomes of hardware removal. ACOEM states a referral can be made to other specialists "when the plan or course of care may benefit from additional expertise." The request appears to be in accordance with ACOEM guidelines.