MAXIMUS Federal Services

Case Number:	CM13-0024460		
Date Assigned:	11/20/2013	Date of Injury:	08/11/2010
Decision Date:	02/03/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/13/2013

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 Orthopedic Surgery and is licensed to practice in Conneticuit, California, and Pennsylvania. 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 61-year-old injured worker who was injured in a work related accident on 06/11/10. The claimant's mechanism of injury is unclear. There is noted to be an injury to the cervical spine for which the claimant underwent a prior December 2011 two level anterior cervical discectomy and fusion occurring at the C5 through C7 level. The secondary surgery, due to ongoing symptoms, was performed in late July of 2012 in the form of a hardware removal from prior fusion fixation. The claimant's recent clinical progress report of 08/12/13 with [redacted]., indicated continued complaints of pain stating postoperatively the patient has undergone 70 sessions of physical therapy. The therapist "does not think that there is anything to be done". The treating provider also referred the claimant to a spine specialist, [redacted], who also indicated that nothing could be done for the patient from a surgical point of view. In absence of physical examination findings or other treatment the claimant was referred to [redacted] for treatment and evaluation. It was noted that [redacted] is also a "spine specialist". Recent clinical imaging included a 02/25/13 MRI report of the cervical spine that showed prior fusion at C5 through C7 with multilevel degenerative spondylosis most noted at C3-4, C4-5, T1-2, and T2-3. Further clinical imaging or treatment is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine consultant w/non MPN [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, pg. 127

Decision rationale: According to the on California ACOEM Guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient". Based on the ACOEM Guidelines a surgical consultation with a spine consultant, [redacted], would not be indicated. Records indicate that [redacted] is a spine specialist. On August 12, 2013, the claimant had previously sought a second opinion with [redacted], also a spine specialist, who indicated no further indication of need for operative intervention. It is unclear as to what impact there would be on the clinical course with an additional spine specialist evaluation. The request for a spine consultant w/non MPR [redacted] is not medically necessary and appropriate.