MAXIMUS Federal Services

Case Number:	CM13-0028203		
Date Assigned:	11/22/2013	Date of Injury:	05/12/2010
Decision Date:	05/08/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 claimant is a 55 year old male injured in a work related accident on May 12, 2010. The clinical records provided for review identified that the claimant sustained multiple injuries including the neck, low back, bilateral arms and right shoulder. The electrodiagnositic study of the upper extremities dated February 20, 2013 documented no evidence of a radicular process as a negative study was noted. The report of plain film radiographs of the lumbar spine dated July 18, 2013 showed degenerative arthrosis at the L5-S1 level with no other pertinent findings. Clinical followup on February 19, 2014 noted continued complaints of neck and low back pain and that recent treatment had been focused on the shoulder. Physical examination of the cervical spine showed tenderness and spasm, equal and symmetrical deep tendon reflexes, and diminished sensation to the right hand consistent with a diagnosis of carpal tunnel syndrome; motor, sensory, and reflexes of the lower extremities were grossly intact. Treatment recommendations included referral for consultation with a spinal surgeon for ongoing cervical and lumbar complaints. Additional documentation of physical examination findings or imaging reports was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT/TREATMENT WITH SPINE SURGEON FOR CERVICAL/LUMBAR:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 7) PAGE 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 7) PAGE 127.

Decision rationale: Based on the California ACOEM Guidelines, the request for surgical consultation is not recommended as medically necessary. The clinical records document axial complaints of the neck and low back but there is no documemntation of radicular findings on examination of the upper and lower extremities to support the need for surgery. Therefore, consultation and treatment with a spinal surgeon for the cervical and lumbar spine is not indicated.