

Case Number:	CM13-0039763		
Date Assigned:	12/20/2013	Date of Injury:	05/29/2009
Decision Date:	01/28/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/09/2013

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 Family Medicine and is licensed to practice in Texas. 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 69-year-old female who reported an injury on 05/29/2009. The mechanism of injury was noted to be repetitive forward and outward reaching, grasping, and lifting activities. Her symptoms are noted to include shoulder pain and back pain. In her most recent office notes, it is noted that her shoulder pain is doing a lot better; however, she was having increasing back pain. A recommendation was made for the patient to see [REDACTED], a spine specialist

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Guidelines, California MTUS and Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: According to ACOEM Guidelines for patients with neck and upper back complaints, a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than 1 month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in

both the short and long term; or unresolved radicular symptoms after receiving conservative treatment. The patient was noted to complain of neck pain. However, recent physical exam findings submitted for review did not include objective findings consistent with cervical spine symptoms. According to the Guidelines, a recommendation for a referral is based on the patient's objective findings as well as diagnostic test results. With the absence of the documentation required for a recommendation for a referral, the request is not supported. Therefore, the request for Evaluation and treatment with [REDACTED] is non-certified.