

Case Number:	CM13-0041914		
Date Assigned:	12/20/2013	Date of Injury:	11/29/2000
Decision Date:	04/21/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/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:

This is a 71-year old gentleman with a date of injury of 11/29/00. Mechanism of injury was a fall off a ladder, causing injury to the back, neck and left arm. The patient was initially hospitalized after the fall for 3-4 days. He has a history significant for "severe DJD throughout his body". The patient was seen in follow-up on 8/21/13. He is noted to have seen a neurosurgeon in the past at [REDACTED] in 1999, and at this visit he "declines PM&R consult". The patient does have a positive Spurling's test and painful extension. He last had an MRI of the neck on 11/29/00. There are no neurologic abnormalities and the patient reports that he is "in good shape". Referral is made to neurosurgery. The case was submitted to Utilization Review on 9/13/13. Both MRI and referral to PM&R were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION REFERRAL TO [REDACTED] FOR PHYSICAL MEDICINE REHABILITATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC): www.odg-twc.com; Section Neck and Upper Back

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

Decision rationale: Guidelines support a Physical Medicine and Rehabilitation (PM&R) consultation where there is no clear indication for surgery, in patients who have persistent symptoms that have not responded to initial conservative approaches. In this case, the patient has chronic pain and does not appear to be a surgical candidate. However, the 8/21/13 report states that the patient reports being in "good shape" and that he declines a referral to a PM&R specialist. Given that chronic symptoms appear to be stable, and that the patient is declining the referral, there is no medical necessity for a PM&R referral.