

Case Number:	CM13-0042765		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2012
Decision Date:	02/27/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/17/2013

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 Pain Medicine 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:

This is a 67 year-old male truck driver who was injured on 10/2/12 when his truck hit a curb. He has been diagnosed with: cervical disc protrusion; cervical facet arthropathy and spasm; bilateral shoulder bursitis, bilateral shoulder impingement; bilateral rotator cuff tear and AC arthrosis. The IMR application shows a dispute with the 9/18/13 UR denial of an orthopedic surgery consultation and a neurosurgery consultation. The 9/18/13 UR letter is from [REDACTED] and is based on the 8/7/13 and 9/9/13 chiropractic report/request. The 8/7/13 PR2 from [REDACTED] recommended follow-up with the orthopedic surgeon and neurosurgeon. The orthopedic surgeon is [REDACTED], who is prescribing the medications, and provided a shoulder injection in May 2013. The neurosurgeon was [REDACTED] who is evaluating the cervical spine and left C5 radiculopathy and was recommending epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Surgeon Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Long term Opioid use Page(s): 88-89.

Decision rationale: The patient presents with bilateral shoulder impingement and cervical radiculopathy. According to [REDACTED] 8/7/13 report, the orthopedist is managing the patient's shoulder impingement/rotator cuff tear. [REDACTED] is a chiropractor, and [REDACTED] is the orthopedist who is also prescribing the pain medications. MTUS, in the opioid section for visit frequency states: "There is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months" The request for orthopedic follow-up appears in accordance with MTUS guidelines as the chiropractic PTP is not able to refill or prescribe medications.

Neurosurgeon Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient presents with bilateral shoulder impingement and cervical radiculopathy. According to [REDACTED] 8/7/13 report, the orthopedist is managing the patient's shoulder impingement/rotator cuff tear. [REDACTED] is a chiropractor, and [REDACTED] is the orthopedist who is also prescribing the pain medications and [REDACTED] is the neurosurgeon who is managing the cervical radicular symptoms. [REDACTED] has requested the C7/T1 intralaminar ESI for the C4-6 radicular symptoms. On 9/16/13, [REDACTED] noted the paresthesia down both arms, limited motion, and disc herniations and foraminal stenosis at C4-C6. He requested a follow-up after a cervical ESI. UR had denied the ESI, and the follow-up. MTUS chronic pain guidelines and MTUS/ACOEM topics did not discuss neurosurgery follow-ups for a chiropractic PTP. The neurosurgeon may have more tools available for management of the cervical condition than the chiropractic PTP. The AD has not adopted ACOEM chapter 7 into the MTUS, but this would still be among the next highest ranked review standard under LC 4610.5(2). ACOEM states a referral can be made to other specialists "when the plan or course of care may benefit from additional expertise." In the case of the chiropractic PTP requesting the assistance of a neurosurgeon for management and treatment options of cervical radiculopathy, the request is in accordance with the ACOEM guidelines.