

Case Number:	CM13-0047433		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2012
Decision Date:	02/25/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Spine 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 patient is a 62-year-old female who reported a work related injury on 10/01/2012. The injury was described as a strain to her back, shoulders, arms, hands, wrists, fingers, upper extremity, left knee, and left leg as the result of performing her normal job duties. Her physical examination findings in her cervical spine were noted to reveal decreased range of motion in all planes, positive muscle spasm in the bilateral upper back and neck musculature, and decreased motor strength to +4/5 in her bilateral upper extremities. An MRI of the cervical spine was noted to have been done on 07/30/2013 and revealed multilevel 2 mm to 3 mm posterior disc/osteophyte complexes throughout the cervical spine from C3-7 to T1 with varying degrees of central canal and neural foraminal stenosis. A recommendation was made for a consult with a spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

A spine specialist consultation with [REDACTED] for spinal complaints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Office Visits.

Decision rationale: According to the Official Disability Guidelines, outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to work-related function of an injured worker and should be encouraged. The need for clinical office visits with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The patient was noted to have positive objective findings consistent with cervical spine dysfunction, as well as positive findings on an MRI. Therefore, the request for a consultation with a spine specialist is supported by evidence based guidelines. As such, the request is certified.