

<b>Case Number:</b>	CM13-0049133		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/16/2010
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington, DC and Maryland. 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:

It appears there was a break-down in communication between the claimant and the consultant physician and the claimant is seeking for a second opinion from another physician. This request is medically necessary and appropriate. CA-MTUS (Effective July 18, 2009) ACOEM Guidelines, 3rd Edition, 2011 chapter 7, regarding independent medical examination and consultation, "If a diagnosis is uncertain or complex, if psychosocial factors are present or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. There are two types of these examination referrals- the consultation and the independent medical examination (IME). A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, however, may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. appears that the previous surgical consultation for the spine with [REDACTED] was performed in April 2013. Apparently all the questions were not answered at that encounter. Objective examination notes the claimant has pain in the paracervical area and has reduced range of motion in all planes without any specifics. The claimant has no evidence of weakness in the upper extremities. Diagnostic impression is cervical spondylosis and cervical degenerative disc disease and bilateral carpal tunnel syndrome. It is noted that patient has multilevel disc disease in the cervical spine and he would like a neurosurgical consultation. The previous spine consultation with [REDACTED] is quoted as having no definite indication for surgery and the chances of improvement after surgery would be uncertain. Conservative treatment was

therefore recommended. A request for another surgical consult for cervical was denied for lack of medical necessity

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consult/Referral:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** It appears there was a break-down in communication between the claimant and the consultant physician and the claimant is seeking for a second opinion from another physician. This request is medically necessary and appropriate. CA-MTUS (Effective July 18, 2009) ACOEM Guidelines, 3rd Edition, 2011 chapter 7, regarding independent medical examination and consultation, "If a diagnosis is uncertain or complex, if psychosocial factors are present or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. There are two types of these examination referrals- the consultation and the independent medical examination (IME). A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, however, may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship.