

Case Number:	CM13-0063562		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2009
Decision Date:	10/22/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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:

Medical records reflect the claimant is a 54 year old male who sustained a work injury on 10-1-09. AME on 7-11-13 notes recommendations for cervical spine surgery, possible lumbar fusion, repeat corticosteroid injection and cervical radiofrequency ablation, allowance for carpal tunnel decompression and arthroscopic labral tear on the right hip. It is noted the claimant did not want to proceed with surgical intervention. On 8-15-13, it is noted that surgery has been requested but no info had been provided. The claimant reports ongoing neck pain with 34.5 degree deformity between C2-C4. He will require stabilization of the lumbar spine. Office visit on 9-4-13 notes the claimant is status post C5-C7 fusion in April 2000. The claimant has undergone medial branch block at the cervical spine and lumbar spine as well as RFA. The claimant reports severe constant neck and low back pain, sometimes neck pain worse than lumbar spine. The claimant is currently treating with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up With The Treating Physician For Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, consultation.

Decision rationale: ACOEM notes that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is an absence in documentation noting past treatment with the treating physician or why this claimant would require a follow-up. Therefore, the medical necessity of this request is not established.

Colonoscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Medical Treatment Guideline or Medical Evidence: Web MD.

Decision rationale: Colonoscopy may be done for a variety of reasons. Most often it is done to investigate the cause of blood in the stool, abdominal pain, diarrhea, a change in bowel habit, or an abnormality found on colonic X-rays or a computerized axial tomography (CT) scan. There is an absence in documentation noting that this claimant has lower GI problems or the medical necessity for this request.

Spine Surgery Consult With MPN Physician: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, consultation.

Decision rationale: ACOEM notes that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An

independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for:

- o Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Medical Records reflect this claimant does not want to undergo surgery. Therefore, the medical necessity for spine surgery consult is not established as medically necessary.