

Case Number:	CM13-0068145		
Date Assigned:	01/03/2014	Date of Injury:	09/03/2008
Decision Date:	04/15/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	12/19/2013

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 General Surgery, 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 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 48-year-old male who report an injury on 09/03/2008. The mechanism of injury was not specifically stated. The patient is diagnosed with postlaminectomy syndrome. The patient is status post cervical fusion of C3-7 in 04/2011. The patient was recently seen by [REDACTED] on 12/06/2013. The patient reported an improvement in pain. Physical examination was not provided. Treatment recommendations included a re-referral to a plastic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Plastic Surgery for wound revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management chapter (ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular

cause of delayed recovery, or had difficulty obtaining information or an agreement to a treatment plan. According to the documentation submitted, there was no physical examination provided on the requesting date of 12/06/2013. The employee reported an improvement in symptoms. The medical necessity for a re-referral to a plastic surgeon for wound revision has not been established. It was also noted on 11/18/2013 by the treating physician, the employee was not interested in injections or any further surgeries. Based on the clinical information received, the request is non-certified.

One X-ray of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. According to the documentation submitted, there was no physical examination provided on the requesting date of 12/06/2013. It is unknown whether the employee has completed conservative treatment prior to the request for an x-ray. The employee reported less pain. The employee is status post cervical fusion at C3-7 in 2011. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.