

Case Number:	CM14-0001039		
Date Assigned:	04/04/2014	Date of Injury:	05/09/2011
Decision Date:	05/29/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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:

Thus far, the patient has been treated with NSAIDs, muscle relaxants, Duexis, Cidaflex, Tylenol #4, Lyrica, Vicodin, topical compounds, Toradol, lumbar injections, Vitamin B12 injection, Neuralgo-Rheum homeopathic injectable, Spascupreel, physical therapy, and chiropractic therapy. In a utilization review report of December 17, 2013, the claims administrator denied a request for surgical consult for lipoma removal of the neck as it is not an accepted body part; and second opinion for spine surgery consultation. Review of progress notes shows a number of flare-ups in the past months. Patient experiences severe neck pain radiating down both arms, severe headaches, low back pain radiating to both legs that significantly decreases quality of life and limits physical functioning. A lump on the patient's neck was noted to develop after a chiropractic session and injection with a small amount of Kenalog and Lidocaine relieved pain but the lump persisted. Findings include tenderness over the L5 spinous process, multiple trigger points from L4 to S1 levels bilaterally and positive straight leg raise bilaterally. Note of lumbar MRI from January 31, 2012 showed degenerative disc disease at L4-5 and diffuse disc bulge at L4-5 and L5-S1 with neural foraminal narrowing. Patient also experiences symptoms of anxiety, depression, and insomnia and is being managed for these as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CONSULT FOR LIPMOMA REMOVAL OF THE NECK: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127 and 156.

Decision rationale: As stated on pages 127 and 156 in the CA MTUS ACOEM Independent Medical Examinations and Consultations chapter, 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. In this case, the swelling in the patient's neck was noted to develop after a chiropractic session and continued getting larger. The requesting physician believes it is a lipoma. A surgical consult will aid to properly diagnose and further manage the patient's neck lump. Thus, a surgical consult is medically necessary in this case.

SECOND OPINION FOR SPINE SURGERY CONSULTATION: Overturned

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

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

Decision rationale: As stated on pages 127 and 156 in the CA MTUS ACOEM Independent Medical Examinations and Consultations chapter, 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. The patient has been told by one spine surgeon about the need for surgery, and the requesting physician feels that a second opinion is needed to substantiate whether the patient is truly a spine surgery candidate. As this patient has tried several conservative and invasive management strategies with persistent severe pain, a surgical consult regarding possible spinal surgery may be appropriate to determine further management of this patient's pain condition. Therefore, the request of second opinion for spine surgery consultation is medically necessary at this time.