

Case Number:	CM14-0006302		
Date Assigned:	03/03/2014	Date of Injury:	03/27/2003
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/16/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and 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:

The injured worker is a 55-year-old who reported an injury on March 27, 2003. The mechanism of injury was reported to be a crush injury to the left long finger and ring finger. Per the clinical note dated December 6, 2013 the injured worker reported severe neck pain with a stiff neck. The pain is reported to be in the middle and left side of neck. Upon physical exam there is tenderness to palpation at the left lower neck, slight decrease in range of motion. The request for authorization for medical treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP VISIT [REDACTED] - **CERVICAL SPINE:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 163.

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines the occupational health practitioner may refer to

other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful when prognosis, degree of impairment, or work capacity requires clarification. A referral may be for consultation to aid in the diagnosis, prognosis, or therapeutic management. A consultant is usually asked to act in an advisory capacity but may take full responsibility for the treatment of the patient. There is a lack of documentation regarding alternative conservative treatments attempted with the injured worker. There is a lack of objective clinical findings regarding the neuropathy noted to the left upper extremity. The request for follow-up visit [REDACTED] for the cervical spine is not medically necessary or appropriate.