

Case Number:	CM14-0112803		
Date Assigned:	08/01/2014	Date of Injury:	02/09/2007
Decision Date:	10/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/19/2014

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 Occupational Medicine 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:

Patient is a 51 year-old male with date of injury 02/09/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/18/2014, lists subjective complaints as chronic neck pain and low back pain. Objective findings: Examination of the cervical spine revealed tenderness to palpation over the paraspinous region with spasms. Range of motion was limited in all planes. Cervical compression and foraminal compression were negative. Interosseous and opponens pollicis longus strengths were 4/5 on the left and 4+/5 on the right. Slightly decreased sensation in C4, C5, and C6 dermatomal distributions, bilaterally. Lumbar spine: Tenderness to palpation over the paraspinous region with spasms. Range of motion was decreased in all planes. Straight leg raise test was positive bilaterally in both sitting and supine positions. Sacroiliac strain testing was positive. Motor testing was within normal limits. There was decreased sensation in the left L5 and bilateral S1 dermatomal distributions. Hoffman's sign was positive, bilaterally. Diagnosis: 1. Status post anterior and posterior cervical discectomy and fusion, C2-C6, with residual symptoms 2. Bilateral upper extremity radiculopathy 3. L4-S1 bilateral disc herniation with high grade foraminal stenosis and compression of the S1 nerve roots 4. Bilateral lower extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation Evaluation X 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Independent Medical Examinations and Consultations, Page 127

Decision rationale: According to the MTUS, a consultation is ordered 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 consult it 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. After a peer-to-peer discussion with the requesting physician, the previous utilization review physician authorized one consultation visit with the pain management specialist for evaluation and possible treatment of the patient's S1 radiculopathy. The medical record does not contain the report of that consultation.