

Case Number:	CM14-0153862		
Date Assigned:	09/23/2014	Date of Injury:	08/16/2008
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 08/16/2008. The mechanism of injury involved cumulative trauma. The current diagnoses include cervical disc degeneration, status post cervical disc arthroplasty in 2009, brachial neuritis or radiculitis, unspecified myalgia/myositis, and intentional tremor in the bilateral upper extremities. The injured worker was evaluated on 08/13/2014. Previous conservative treatment is noted to include medications, physical therapy, and acupuncture. The current medication regimen includes Gabapentin and Wellbutrin. Physical examination on that date revealed decreased cervical range of motion, guarding, positive Spurling's maneuver, diminished motor strength in the right upper extremity, and intact sensation with multiple trigger points. Treatment recommendations at that time included a return visit in 4 weeks. A Request for Authorization form was then submitted on 08/13/2014 for a consultation with a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a neurosurgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The CA MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker reported an improvement in symptoms. There is no objective evidence of persistent, severe, and disabling symptoms, nor evidence of a significant functional limitation. The medical necessity for the specialty referral has not been established. As such, the request is not medically appropriate.