

Case Number:	CM14-0159980		
Date Assigned:	10/03/2014	Date of Injury:	10/05/2005
Decision Date:	11/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Spine 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 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 53-year-old male who reported an injury on 10/05/2005. The mechanism of injury was the injured worker was driving a forklift backwards when the engines got hit by a dolly loader. Prior treatments included physical therapy, acupuncture, surgical intervention for the neck and carpal tunnel. The injured worker underwent a left basal thumb joint arthroplasty. The injured worker underwent an MRI of the lumbar spine and x-rays of the lumbar spine. The documentation of 09/12/2014 revealed the injured worker had subjective complaints of pain in the neck. The injured worker was noted to be status post cervical fusion at C4-5. The injured worker had low back pain radiating down his right lower extremity with numbness and tingling. The injured worker's medications were noted to include morphine sulfate 15 mg and Norco 10/325 for breakthrough pain. The injured worker was utilizing Ketoprofen cream. Prior treatments included a neck injection. The objective findings revealed the injured worker had tenderness to palpation in the cervical paraspinal muscles. The injured worker had painful range of motion in the cervical spine. The lumbar spine examination revealed lumbosacral tenderness to palpation with painful range of motion. The straight leg raise was positive on the right side. Deep tendon reflexes were equal in the bilateral lower extremities. Motor strength was slightly decreased in the right lower extremity compared to the left lower extremity. The diagnoses included lumbosacral radiculopathy and disc injury, lumbar and cervical sprain/strain injury, cervical disc injury, status post cervical fusion at the level of C4-5 and status post carpal tunnel surgery. The treatment plan included epidural steroid injection, an MRI of the lumbar spine prior to surgical consultation. Additionally, the request was made for a surgical consultation. There was no Request for Authorization or rationale for surgical consult x 6 submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consult x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 6, Page 163

Decision rationale: The American College of Occupational and Environmental Medicine indicate that a referral may be appropriate to aid in assessing the diagnoses, prognosis, and therapeutic management of the injured worker. The clinical documentation submitted for review indicated the request was made for a consultation. The documentation indicated the injured worker would be requiring an MRI of the lumbar spine prior to surgical consultation. However, the request as submitted failed to indicate a necessity for 6 surgical consultations. The request as submitted failed to indicate the type of consultation being requested. Given the above, the request for Surgical Consult x 6 is not medically necessary.