

Case Number:	CM14-0167945		
Date Assigned:	10/15/2014	Date of Injury:	02/12/2010
Decision Date:	11/26/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in Interventional Spine 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:

The injured worker is a 44 year old female with an injury date of 02/12/10. Based on the 08/11/14 progress report provided by [REDACTED], the injured worker complains of left wrist pain which occurs in the palm and extends into elbow and ongoing neck problems. MRI of the cervical spine dated 01/27/11 showed, in C5-6, there is "mild right paracentral and lateral disc protrusion and osteophytic ridging creating moderate right lateralizing central spine stenosis with mild right ventral lateral cord effacement." On 11/21/12 MRI of the cervical spine noted that at C4-5, there is mild central focal disc protrusion without change and at C5-6, there is "mild right paracentral and right lateral disc protrusion and osteophytic ridging creating mild to moderate right lateralizing central spinal canal stenosis." The injured worker has neck surgery on 08/30/13. Her diagnoses includes: 1. left triangular fibrocartilage wear with cyst of the dorsoulnar head and ulnar positive variance 2. rule out ulnocarpal impaction syndrome 3. left de Quervain's tenosynovitis status post one injection, stable 4. rule out carpal tunnel syndrome with negative nerve conduction studies and positive MRI findings 5. neck pain [REDACTED] is requesting orthopedic evaluation of the cervical spine. The utilization review determination being challenged is dated 09/26/14. [REDACTED] is the requesting provider and treatment reports were provided from 06/10/14-09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Evaluation of the Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11th Edition (web) 2014 Neck & Upper Back Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Chapter 7 page 127

Decision rationale: This injured worker presents with ongoing neck problems and the treating physician request for orthopedic evaluation of the cervical spine. The request was denied by utilization review letter dated 09/26/14. The rationale was "the recent clinical information lacks documentation related to the injured worker's neurological and functional deficit as it relates to the cervical spine." ACOEM guidelines page 127 states "the 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." Given the injured worker's persistent neck symptoms with radiating pain into the arm, and the MRI findings, the request for Orthopedic Evaluation of the Cervical Spine is medically necessary.