

Case Number:	CM14-0174821		
Date Assigned:	10/28/2014	Date of Injury:	07/17/1998
Decision Date:	12/10/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/22/2014

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, 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:

64-year-old male claimant with an industrial injury dated 07/17/98. Exam note 10/02/14 states the patient returns with back and neck pain. The patient explains that the pain is radiating to the upper and lower extremities causing him to have difficulty walking and standing. The patient states that the medications, Celebrex, Zolof, Ambien, Ambien CR, Norco, Amitiza, Indocin, Rozerem, and Oxycodone, do aid in pain relief. Upon physical exam the patient had a positive supine and sitting straight leg raise. The patient also completed a positive Spurling's test. There was tenderness surrounding the cervical and lumbar spine along with pain with the cervical and lumbar facet loading. Diagnosis is noted as cervical spondylosis, lumbar spondylosis with radiculopathy, cervical disc herniation with radiculopathy, and cervical stenosis. Treatment includes a continuation of medications and a possible cervical fusion revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Orthopedic Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 10/2/14 do not demonstrate any conservative treatment or clear surgical lesion that would benefit from surgical treatment. Therefore the request is not medically necessary.