

<b>Case Number:</b>	CM14-0024133		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 7/29/11. A utilization review determination dated 1/29/14 recommends non-certification of evaluation with ENT specialist and internal medicine, as well as a referral to ortho. 2/12/14 medical report identifies neck, mid back, and low back pain, decreased since last visit. PT has been helpful to increase ROM and decrease pain. On exam, there is limited ROM of the cervical and lumbar spine as well as tenderness. Strength is 5-/5 bilaterally at the EHL, dorsiflexors, plantar flexors, and hip flexors. Light touch sensation is decreased bilaterally over the foot calf, patchy in distribution. ENT specialist referral was noted to be for further evaluation of patient's complaints of voice alteration s/p injury and multisymptom problems involving neck. The patient was also to follow up with PCP for evaluation, treatment, and management of hypertension. The provider notes that he instructed the patient to find a PCP to manage his high BP. The patient was interested in pursuing surgery as a potential treatment option and wished to be seen in follow-up for a spine consult. 1/15/14 medical report notes that the internal medicine referral is for the purpose of evaluation and treatment of elevated blood pressure. A 6/4/14 supplemental report references an 11/5/13 report from orthopedics noting that cervical spine surgery would not be indicated, but lumbar surgery is a potential option and he recommended a lumbar MRI scan. He also noted that the patient has a loss of voice in association with the neck complaints and recommended an ENT consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENT SPECIALIST EVALUATION:** Overturned

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for ENT SPECIALIST EVALUATION, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient was noted to have vocal changes after his injury. It is appropriate for these changes to be evaluated to determine if any significant injury occurred and, if so, what treatment can be provided. This type of evaluation is outside of the scope of practice of the current provider. In light of the above, the currently requested ENT SPECIALIST EVALUATION is medically necessary.

**INTERNAL MEDICINE EVALUATION:** Overturned

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for INTERNAL MEDICINE EVALUATION, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient was noted to have elevated blood pressure and the provider noted that he did not have a primary care physician. Evaluation of elevated blood pressure by a physician such as an internist is medically appropriate to determine if treatment is required so as to avoid long-term complications from hypertension. In light of the above, the currently requested INTERNAL MEDICINE EVALUATION is medically necessary.

**REFERRAL TO ORTHO:** Overturned

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for REFERRAL TO ORTHO, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it appears that the request is for follow-up with an orthopedic surgeon who the patient has seen in the past for consideration of surgery as a possible treatment option. The orthopedic surgeon noted that the patient does not appear to be a good candidate for cervical spine surgery, but he is a potential candidate for lumbar spine surgery and additional diagnostic testing was recommended. The patient has a longstanding injury with pain and positive exam findings despite conservative treatment. Follow-up with orthopedics is appropriate to determine whether or not the patient would be a candidate for lumbar spine surgery. In light of the above, the currently requested REFERRAL TO ORTHO is medically necessary.