

Case Number:	CM14-0025497		
Date Assigned:	06/11/2014	Date of Injury:	05/01/1997
Decision Date:	09/25/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 Family 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 48 year old female who reported an industrial injury on 5/1/1997, over 17 years ago, attributed to the performance of her usual and customary job duties. The patient was reported to be status post neck fusion 2011. The patient complained of back pain that was moderate to severe located in the upper act and lower back and neck. The objective findings on examination included decreased sensation left deltoid patch and lateral forearm, lateral forearm, and middle finger; decreased range of motion of the cervical spine; headaches increasing with range of motion of the cervical spine. The patient was noted to be prescribed Duragesic 12 mcg/hour one to two patches by transdermal route every 48 hours; nortriptyline 25 mg; orphenadrine 100 mg; Prozac 20 mg; trazodone 50 mg; Norco 10/325 mg; nifedipine 10 mg; lisinopril. There were no provided diagnostic studies. The patient was being seen for pharmaceutical management. The treating diagnoses included cervical spine DDD; status post cervical spine fusion; and lumbar spine DDD. The treatment plan included a referral to an orthopedic spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL ORTHOPEDIC SURGEON: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation chapter 7 page 127; Shoulder Chapter--impingement surgical intervention.

Decision rationale: The request for authorization of a consultation with an Orthopedic Surgeon 17 years after the DOI for the documented diagnoses, is not demonstrated to be medically necessary for the effects of the cited industrial injury. There are documented objective findings by the requesting provider to support the medical necessity of an orthopedic referral and treatment for the diagnoses documented of chronic neck and back pain. There are no objective findings on examination documented by the requesting physician to support the medical necessity of a referral to an orthopedic surgeon. There are no documented surgical lesions. There was no rationale supported with objective evidence to support the medical necessity of the referral for an evaluation and treatment by an orthopedic surgeon. There is no documented surgical lesion to the neck or back. There is no demonstrated medical necessity for the patient to be evaluated with Orthopedics for the back/neck, as there are no documented clinical changes to the cervical spine or shoulder to support the medical necessity of surgical intervention. The patient is not documented to have failed conservative treatment. There are no documented severe or disabling neck or back symptoms; significant activity limitations; and no imaging or Electrodiagnostic evidence of a lesion that would benefit from surgical intervention; an unresolved radicular symptoms after the provision of conservative treatment. There is no demonstrated medical necessity for an orthopedic surgeon evaluation of the neck and back.