MAXIMUS Federal Services

Case Number:	CM14-0028964		
Date Assigned:	06/11/2014	Date of Injury:	09/13/2011
Decision Date:	07/21/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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:

Patient is a 51 year-old male with date of injury 09/13/2011. The medical record associated with the request for authorization, a comprehensive orthopedic re-evaluation, dated 02/05/2014, lists subjective complaints as severe pain in the right and left knees and severe neck pain. Objective findings: Examination of the cervical spine revealed pain with rotation, flexion, and extension. Patient had decreased range of motion with tenderness, trigger points and spasms. Diagnosis: 1. Cervical C5-6 herniated nucleus pulposus with degenerative disc disease 2. Left knee lateral meniscus tear and chondromalacia patella 3. Right knee medial meniscus tear, chronromalacia patella and lateral meniscus tear 4. Anxiety 5. Insomnia 6. Status post left medial meniscectomy plus plica excision and chondroplasty of the femoral groove.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH A NECK AND BACK SPECIALIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Chapter 7, Independent Medical Examinations and Consultations, page(s) 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options.The medical record does not document the necessary specifics to be addressed by a spine specialist.Consultation with a Neck and Back Specialist is not medically necessary.