

Case Number:	CM14-0031693		
Date Assigned:	06/20/2014	Date of Injury:	02/11/2011
Decision Date:	07/24/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/12/2014

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:

The applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. The applicant did undergo cervical MRI imaging on February 14, 2014 which is notable for a small C6-C7 disk protrusion and mild degenerative disk disease at C5-C6 and C6-C7. On February 12, 2014, the applicant was placed off of work, on total temporary disability and asked to remain off of work until a neurosurgery consultation was obtained. The applicant was described as having persistent complaints of neck pain on an office visit of the same date, February 12, 2014. The applicant was not working as a massage therapist, it was stated. The applicant had paresthesias and dysesthesias about the hands, it was appreciated, with intact upper extremity strength. A neurosurgery consultation was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Neuro-Surgical consultation for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant's chronic neck pain has, in fact, proven recalcitrant to time, medications, physical therapy, and other conservative measures. The applicant is off of work. Obtaining the added expertise of a physician specializing in issues related to cervical spine, such as a neurosurgeon, is indicated. Therefore, the request is medically necessary.