

Case Number:	CM14-0033113		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2000
Decision Date:	07/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 and Rehabilitation 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 female patient with a date of injury of September 11, 2000. A utilization review determination dated February 14, 2014 recommends non-certification of an urgent neurosurgical evaluation. A progress note dated January 27, 2014 identifies subjective complaints of neck pain with radiation into both upper extremities, low back pain with radiation to both lower extremities, abdominal pain, urologic complaints, history of dermatologic complaints, eye complaints, and a history of depression and anxiety. The patient's pain level is an 8-9/10. Physical examination of the cervical spine identifies that the patient is wearing a hard cervical collar, significant restriction of range of motion with flexion at 20, extension at 5, right rotation at 20, and left rotation at 20. The patient's upper extremity physical exam showed significant restriction to range of motion in both upper extremities, tenderness of the right shoulder, and a well healed surgical scar from a right carpal tunnel release surgery, and global decrease sensation to pin prick in both upper extremities. Jamar grip strength: right hand 4.6, 6.1 and 7.5 kg; left hand 4.0, 4.0, and 4.4 kg. Bilateral tricep and bicep reflexes are 1+, and brachioradialis reflex is 2+ bilaterally. Diagnoses include status post C4-C5, C5-C6, and C6-C7 anterior cervical discectomy and fusion in 2004 with removal of anterior fusion plate in October 2008, cervical post laminectomy syndrome with cervicogenic headaches and bilateral upper extremity radicular symptoms, status post right shoulder surgery, status post right carpal tunnel release, status post L4-L5 and L5-S1 anterior posterior interbody fusion with possible pseudo-arthritis at L5-S1, lumbar post laminectomy syndrome with bilateral lower extremity radiculopathy left greater than right, status post spinal cord stimulator failed trial, status post veiled intrathecal morphine pump trial on May 7, 2012, history of gastrointestinal complaints, hypertension, possible toxic exposure to eyes, history of urological complaints and neurogenic bladder, and history of fibromyalgia. The treatment plan recommends continuation of the patient's current medication

regimen which includes Duragesic 25 g patches when every 48 hours #15, Norco 7.5/325 1-2 every 4 to 6 hours as needed for pain maximum of eight per day #240, Lyrica 100 mg three times daily # 90, Maxalt and LT 10 mg up to four per month for severe migraine headaches #4, Flexeril 10 mg twice daily as needed for spasm #60, Cymbalta 60 mg one per day #30, Ambien CR 12.5 mg at bedtime #30, request for a random urine drug screen, request for consultation with a new rheumatologist because former rheumatologist is no longer seeing patients, continue treatment with [REDACTED] for neurogenic bladder, continue treatment with [REDACTED] for possible toxic exposure to her eyes, authorization for an evaluation by a dermatologist, continue psychiatric treatment with [REDACTED], request for confirmation of authorization of neurosurgical evaluation, request for authorization for home healthcare, request for authorization for an evaluation by a neurologist, request for transportation to all medical appointments, request for a dental evaluation, and a reevaluation in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Neurosurgical Evaluation: Upheld

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

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: The ACOEM Guidelines 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, there is no indication of conservative treatments trialed, no diagnostic studies demonstrating significant surgical findings, and no new neurological complaints. In light of the above issues, the currently requested referral for an urgent neurosurgical evaluation is not medically necessary.