

Case Number:	CM14-0037946		
Date Assigned:	06/27/2014	Date of Injury:	07/22/1997
Decision Date:	08/14/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	03/28/2014

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, has a subspecialty in Pain Management 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 7/22/97. A utilization review determination dated 3/25/14 recommends modification of PT from 12 sessions to 8 sessions for the cervical and lumbar spine. It recommended non-certification of ortho evaluation and electrodiagnostic testing as the patient had pending conservative treatment in the form of PT. 3/6/14 medical report identifies intermittent lumbar spine pain increased with daily activities. It radiated into BLE and there was LLE weakness. There was difficulty with balance. PT for the lumbar spine provided some relief, but he had not received any PT for the cervical spine. On exam, there was cervical and upper trapezius spasm, positive cervical distraction, maximum foraminal compression, and shoulder depression testing. Kemp's, Milgram's, and Valsalva were positive bilaterally. Recommendations included continued PT, MRI of the cervical spine, EMG/NCV of the lower extremities, and orthopedic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Evaluation with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: Regarding the request for ortho evaluation, The 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, there are no red flags or symptoms/findings suggestive of the need for potential surgical intervention. Furthermore, the patient had additional pending conservative treatment in the form of physical therapy and the response to this treatment may obviate the need for specialty evaluation. In light of the above issues, the currently requested ortho evaluation is not medically necessary.