

Case Number:	CM14-0048364		
Date Assigned:	06/20/2014	Date of Injury:	10/07/2009
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 claimant injured her cervical spine on 10/07/09. A second opinion with a spine surgeon has been requested and was non-certified. It is under review. She was referred for psychiatric testing and also received acupuncture. She has been seeing [REDACTED]. On 10/14/13, her cervical spine pain was stable and her neck was not examined. Her upper extremities were treated. She saw [REDACTED] on 10/29/13. He reviewed the MRIs. She was neurologically intact. Physical therapy made her worse. Acupuncture did not help. She had a psychological evaluation on 10/29/13. Psychotherapy visits were recommended. On 12/18/13, she remained neurologically intact. She was frustrated that she had not been treated appropriately for several years after her motor vehicle accident. 6 sessions of pack of psychotherapy had been approved. On 02/19/14, a second opinion with a spine surgeon was recommended. She had persistent total back pain, neck, thoracic, lumbar, as well as headaches. She was getting approximately 2 episodes of severe migraines with nausea and vomiting a week. She was walking for exercise. She had chronic pain. She wanted to discuss spinal surgery or treatment options for her neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Second opinion with a spine surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for a second opinion from a spine surgeon. The documentation does not include any information about a possible surgical lesion. There is no evidence that surgery is likely to resolve her condition. The MTUS ACOEM Chapter 8 states "referral for surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term; or unresolved radicular symptoms after receiving conservative treatment." None of these criteria have been met. It appears unlikely that the claimant has a surgical lesion. The medical necessity of this request for a second opinion from a surgeon has not been clearly demonstrated and is therefore not medically necessary and appropriate.