MAXIMUS Federal Services

Case Number:	CM14-0050188		
Date Assigned:	07/07/2014	Date of Injury:	04/28/2007
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/17/2014

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 Preventative Medicine and Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 56 year old employee with date of injury of 4/28/2007. Medical records indicate the patient is undergoing treatment for status post anterior cervical discectomy and fusion at C5-6 and C6-7; multilevel cervical degenerative disk disease; mild frozen shoulder by physical exam; bilateral chondromalacia patella and TMJ (Tempromandibular Joint) dysfunction. Subjective complaints include unable to tolerate Non-Steroid Anti-Inflammatory Drugs (NSAIDs) due to GI (Gastrointestinal) upset; her bilateral knees continues to be symptomatic (stiffness, weakness and pain) left greater than right; cannot perform a HEP (Home Exercise Program) due to cervical spine; she feels as though she can now do Physical Therapy for shoulder but has limitations due to cervical spine surgery; she had severe pain in cervical spine but now it is only mild discomfort; she has improvement in hand numbness but still has residual numbness in left forearm and hand; neck pain comes and goes. Jaw pain radiates to head and to neck. Objective findings include anterior cervical discectomy and fusion at C5-6 and C6-7 on 1/15/13; cervical spine has full flexion with mild pain, extension 30 degrees; lateral flexion 20 degrees and bilateral rotation 60. There is symmetrical muscle bulk, strength and tone as well as intact sensation in upper extremities. Treatment has consisted of ESIs (Epidural Steroid Injections), Physical Therapy, Vicodin, Gabapentin, ongoing exercise program; Lyrica; topical Voltran; Ibuprofen and she is seeing a physician for her TMJ. The utilization review determination was rendered on 4/4/2014 recommending non-certification of a Consultation with Orthopedic Surgeon for Cervical Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Orthopedic Surgeon for Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ACOEM) AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE Page 127(ODG) Official Disability Guidelines (Acute and Chronic) Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits.

Decision rationale: ODG states concerning office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. ACOEM states in the neck and upper back section 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, Unresolved radicular symptoms after receiving conservative treatment. The medical documentation provided states the patient has mild pain, mild decreased range of motion and there is no documentation of red flags to meet the above guidelines. As such the request for Consultation with Orthopedic Surgeon for Cervical Spine is not medically necessary.