

Case Number:	CM14-0073432		
Date Assigned:	07/16/2014	Date of Injury:	04/09/2010
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 Interventional Spine 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 patient is a 52 year old male with an injury date on 04/09/2014. Based on the 05/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post cervical spine surgery x 2. 2. Cervical spine myelopathy and radiculopathy. 3. Cervicogenic headaches and dizziness. 4. Depression. According to this report, the patient complains of continue headaches, dizziness, neck pain, weakness and numbness of the upper extremities, low back pain, vertigo, loss of balance, memory and concentration difficulties. There were no other significant findings noted on this report. [REDACTED] is requesting for a second opinion, specialist evaluation of the cervical and lumbar spine. The utilization review denied the request on 05/09/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion specialist evaluation of the cervical and lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations.

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)chapter 7, page 127.

Decision rationale: According to the 05/14/2014 report by [REDACTED] this patient presents with continue headaches, dizziness, neck pain, weakness and numbness of the upper extremities, low back pain, and vertigo, loss of balance, memory and concentration difficulties. The physician is requesting for a second opinion, specialist evaluation of the cervical and lumbar spine. The utilization review denial letter states the request is not medically necessary for a referral to see a 'Specialist' for a 'Second Opinion' since there is lack of clinical information. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists 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. Review of available report shows no discussion or exam findings of the cervical or lumbar spine. However, the patient presents with chronic pain and has had surgery in the spine. The request for specialty evaluation and second opinion should be allowed. The request is deemed medically necessary.