

Case Number:	CM14-0080057		
Date Assigned:	07/18/2014	Date of Injury:	12/05/2012
Decision Date:	08/25/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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:

This is a 45-year-old male with a 12/5/2012 date of injury, when a forklift ran into him and injured his neck and back. The patient underwent 2 months of physical therapy with no improvement. The patient was seen on 4/14/2014 with complaints of constant neck pain, which reaches 8-9/10 and constant low back pain 7/10 with radiation to the right leg. Exam findings revealed negative straight leg raise bilaterally. There are no neurological deficits in the lower extremities noted. The patient's gait was noted to be normal and there was mild limitation in the range of motion the diagnosis is cervical strain/sprain with multilevel disc disease and spinal stenosis; thoracolumbar strain/sprain with radiculopathy. The recommendation was to obtain an MRI to the thoracic and lumbar spine, and pending the findings of the MRI a possible surgical consultation with an orthopedic spine specialist or neurosurgeon. An MRI the cervical spine dated 12/20/2013, revealed degenerative changes in the cervical spine, 3mm central protrusion at the C5-C6 level which indents the spinal cord and causes moderate spinal canal stenosis, 2mm broad central protrusion with associated annular fissuring which intents the thecal sac and causes mild spinal canal stenosis at the C6-C7 level and 1 mm broad central protrusion at the C4-C5 level. Treatment to date includes 2 months of physical therapy, work restrictions, and 22 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with orthopedic or neurosurgeon - please approve which is best: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6- Independent Medical Examinations and Consultations, (p 127, 156); Official Disability Guidelines (ODG) (Pain Chapter).

Decision rationale: The California MTUS states that consultations are recommended, and a 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. This patient had complains of mid and low back pain with radiculopathy to the right leg, however there were no objective findings of any radiculopathy or focal neurological deficits. The patient apparently had an MRI of the T and L spine per the progress note dated 4/14/14, however these results were not made available for review, hence a surgical consultation for the spine is premature. Therefore, the request for an orthopedic spine or neurosurgeon consultation was not medically necessary.