

Case Number:	CM14-0085548		
Date Assigned:	07/23/2014	Date of Injury:	11/29/2012
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopedic Surgery 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 56-year-old male mechanic assistant sustained an industrial injury on 11/29/12. The injury occurred when he slipped and fell, and was run over and pinned under an STV machine at work. Severe traumatic injuries were sustained to his head, neck, jaw, shoulder, arm, chests, and hip. He sustained a left scapula fracture and traumatic brain injury with posttraumatic stress disorder. The patient underwent left shoulder surgery on 9/13/13 and left carpal tunnel release, cubital tunnel release and distal biceps repair on 2/20/14. The 5/30/13 cervical spine MRI impression documented degenerative disc disease, uncovertebral and facet degenerative joint disease, central canal stenosis at the C4/5, C5/6, and C6/7 levels, and neuroforaminal stenosis at the C2/3, C3/4, C4/5, C5/6, and C6/7 levels. The 4/23/14 progress report cited bilateral upper extremity shooting pain with numbness and tingling from the neck down the fingertips. There was no feeling in the left arm and 4th and 5th fingers. The treating physician reported that this was a difficult case with poor reactions to all medications and procedures so far. The treating physician requested a spine surgery re-evaluation to rule-out cervical radiculopathy. The 6/3/14 utilization review denied the request for orthopedic consultation as there was no documentation that the patient had failed conservative treatment or had significant functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic spine consultation for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Pain Procedure Summary.

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) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines support referral to a specialist 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. The guideline criteria have been met. The diagnosis is uncertain and significant psychosocial factors are present. Additional expertise has been requested to assist in treatment planning. Given the complexity of the case and poor response to treatment, it is reasonable to allow for re-evaluation of the cervical spine. Therefore, this request for orthopedic spine consultation for the cervical spine is medically necessary.