

Case Number:	CM14-0087622		
Date Assigned:	09/08/2014	Date of Injury:	11/01/2012
Decision Date:	10/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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 Family Practice 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:

52 year old female claimant sustained a work injury on 11/1/12 involving the neck and left wrist. She was diagnosed with cervical spine and wrist strain. A progress note on 5/28/14 indicated a positive cervical compression test and limited range of motion of the cervical spine. Her pain had been treated with oral analgesics. The treating physician requested a neurological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgical consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck & amp; Upper Back 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) specialist consultation and page 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent

residual loss and/or examinees' fitness for return to work. In this case, the claimant had persistent symptoms and additional expertise would benefit the claimant. According to the ODG guidelines, office visits are recommended as medically needed. In this case the claimant had been treated with conservative care. The request for a neurosurgical consultation is medically necessary, since the claimant had continued pain and failed conservative care.