

Case Number:	CM14-0145194		
Date Assigned:	09/12/2014	Date of Injury:	07/25/2008
Decision Date:	01/12/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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, has a subspecialty in Preventative 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 67 year old male who suffered an industrial related injury on 7/25/08 after a 12-15 foot fall off of a roof. A physician's report dated 8/13/13 was the only medical record provided. Past medical history included hypertension, prostate cancer, surgery to remove cancerous cells from the prostate and umbilical hernia repair surgery. The report indicates the injured worker had complaints of daily headaches, pressure to the back of his throat, right neck pain that occasionally radiated to the right shoulder, occasional numbness to bilateral hands, neck stiffness, difficulty rotating the neck, right shoulder pain, right chest pain, occasional numbness to the right forearm and hand, loss of strength to the right arm and grip, mild midline lower thoracic spine pain, low back pain, intermittent muscle tightening in the bilateral calves, bowel difficulties, sleep disturbance, and memory loss. Diagnoses included multilevel degenerative disc disease with cervical spondylosis at C3-C7 with moderate to severe left foraminal stenosis at C3-C4, moderate to severe right foraminal stenosis at C5-C6 secondary to facet uncovertebral arthrosis with mild to moderate foraminal stenosis at C3-C4 on the right. An anterior T2 vertebral compression fracture, right shoulder impingement syndrome, sleep disturbance due to neck pain, hypertension, and post concussive syndrome with daily headaches and a history of memory problems were also noted. The physician's report noted that the injured worker was admitted to a hospital for one month and underwent various diagnostic studies and received physical therapy. After discharge from the hospital the injured worker was evaluated by an orthopedic surgeon who recommended surgical intervention but due to the risk involved no surgery was performed. The injured worker was also evaluated by a neurologist, psychiatrist, and a neurophysiologist. The injured worker then underwent five months of rehabilitative therapy. After 12/3/12 the injured worker was capable of modified work with restrictions. On 8/22/14 the utilization review (UR) physician denied the request for re-evaluation with specified

physician for maximum medical improvement. The UR physician noted the requested service is not subject to utilization review as it is not intended for the cure or relief of an industrial injury. It is properly left to the claims administrator and to the insurer/employer to decide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation with specified physician for Maximum Medical Improvement (MMI):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visit; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialist referral and pg 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. According to the ODG guidelines, office visits may be performed as medically necessary. In this case, the claimant had been in the hospital and seen numerous specialists. These consultations can provide information on the claimant's disability level, status and progress. Additional evaluation is not medically necessary to determine maximum medical improvement.