

Case Number:	CM14-0174836		
Date Assigned:	11/17/2014	Date of Injury:	04/03/2013
Decision Date:	01/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/22/2014

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:

According to the preoperative report of October 28, 2013, the injured worker was injured on the job on April 03, 2013. The injured worker suffered a right shoulder injury. The injured worker underwent physical therapy for the right shoulder. The injured worker then had arthroscopy surgery for repair of the right biceps tendon and biceps anchor. After surgery the injured worker suffered from high blood pressure. The injured was placed on Clonidine and Exforge. The primary treating physician requested an orthopedic spine specialist consultation for a new neck discomfort, documented in the progress note of September 15, 2014. The injured worker had started taking pain medication again for the neck discomfort. The injured worker had received an epidural injection to the neck in the past with good relief. The primary treating physician felt the injured worker needed a physician qualified in the spine for continued treatment. However, according to the primary treating physician documentation, the neck pain was a new complaint. The documentation prior to this visit did not address any neck discomfort. The UR dated October 16, 2014, denied the consultation request for an orthopedic spine specialist consultation for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedic spine specialist (cervical epidural steroid injection):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck and Upper Back Procedure Summary last updated 08/04/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: The California MTUS/ACOEM guidelines, low back complaints, page 288 recommends a referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. There is no evidence in the cited records of 9/15/14 of significant and specific nerve root compromise or confirmed diagnostic study to warrant referral to an orthopedic spine specialist. Therefore, the cited guideline criteria have not been met. This request is not medically necessary.