

Case Number:	CM14-0177860		
Date Assigned:	10/31/2014	Date of Injury:	03/10/2007
Decision Date:	02/25/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania, Ohio, California

Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 47 year old female injured worker suffered an industrial accident on 3/10/2007. The details of the industrial injury were not included in the medical record but there was a note there was a motor vehicle accident. The medical records did note there was cervical fusion with arthrodesis in 2007 and 2010. The current diagnoses included cervical lumbosacral radiculopathy. Diagnostics included a magnetic resonance imaging on 5/19/2014 and a CT on 8/12/2014 which revealed new significant increased cervical disc bulge. Conservative treatments included medications and facet joint injections with no improvement in pain level. The diagnoses included cervical and lumbar radiculopathy. The provider's progress notes from 4/28/2014, 5/30/2014/ and 9/19/2014 indicated the urgent need to have a surgical spinal consultation as the symptoms were severe and not improving. The note of 9/19/2014 described the injured worker's report as very severe neck and back pain. The exam revealed tenderness, decreased range of motion and spasms along with decreased sensations. The UR decision on 09/30/2014 cited lack of documentation showing evidence that conservative measures tried and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED] 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 (ODG)

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), Chapter 7, Consultation, page 127.

Decision rationale: ACOEM guidelines, Chapter 7, consultation, page 127, states that the occupational health practitioner may refer to other specialists if the course of care may benefit from additional expertise. This patient has a very complex history of pain dating back almost 8 years. It would not be a requirement that surgery is anticipated imminently in order to refer a patient to a spinal surgeon. Rather, in a case such as this for a patient who has ongoing symptoms of pain and a history of a spinal fusion, it is appropriate for the patient to be reassessed by a surgeon to determine if there are any complications from the prior surgery and to determine what surgical and nonsurgical treatment options may remain. Therefore, this request is supported by the treatment guidelines. Overall, the request is medically necessary.