

Case Number:	CM14-0182956		
Date Assigned:	11/07/2014	Date of Injury:	11/06/2012
Decision Date:	09/21/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/04/2014

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: North Carolina

Certification(s)/Specialty: Family Practice

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 injured worker is a 40-year-old female, who sustained an industrial injury on November 6, 2012. She reported an injury to her bilateral wrist, head, cervical spine, left shoulder, lumbar spine and right foot. Treatment to date has included pain medications, physical therapy, MRI of the cervical spine, work restrictions, and topical pain medications. An evaluation on August 15, 2014 revealed the injured worker complained of pain in the neck with radiation of pain to the bilateral arms. She reported that her pain was worse with sleeping. She rated her pain a 7 on a 10-point scale and noted that topical creams had been helpful with her pain. On physical examination, the injured worker has decreased range of motion of the cervical spine due to spasms and there was radiation of pain in the bilateral C5 nerve distributions. The diagnoses associated with the request include cervical spine sprain-strain cervical spine herniated nucleus pulposus at C3-C 4 and cervical spine stenosis. The treatment plan includes topical pain medications, neurosurgical consultation and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon consult for cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: The health practitioner may refer to other 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. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of neck pain that have failed treatment by the primary treating physician. Therefore, criteria for a neurosurgeon consult have been met and the request is medically necessary.