

Case Number:	CM14-0187607		
Date Assigned:	11/14/2014	Date of Injury:	05/15/2013
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/07/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 38-years /old male injured worker with date of injury 5/15/13 with related neck pain. Per progress report dated 8/25/14 the injured worker reported neck pain and stiffness. He reported pain that radiated to the trapezius muscles, arms, and hands with numbness and tingling, worse on the right. He rated the neck pain 6-7/10, which occasionally increased to 8/10 with activity. He also complained of mid and lower back pain that radiated on occasion to both feet with burning, numbness and tingling, rated 5-6/10. Per physical exam of the cervical spine, there was pain with extension of the cervical spine, no tenderness was noted. Motor strength of the upper extremities was 5/5, bilateral sensation to light touch and pinprick in all dermatomes was intact. The bilateral deep tendon reflex of the biceps, brachioradialis, and triceps was 2+. On lumbar examination, there was palpable muscle spasm next to the spinous processes with the injured worker lying prone. Flexion and extension were limited by pain in the lumbosacral region. Motor strength of the lower extremities was 5/5, bilateral lumbar spine sensory was intact to light touch and pinprick in all dermatomes, reflexes were 2+, straight leg raise and Lasegue's sign were negative. Treatment to date has included physical therapy and medication management. The date of UR decision was 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with orthopedic specialist, cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127, ODG Pain (updated 10/02/14) Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The documentation submitted for review indicates that the physician's request was for a pain management consults, however, as written, the request for an orthopedic specialist is not supported by the documentation submitted for review. The request is not medically necessary.