MAXIMUS Federal Services

Case Number:	CM14-0189288		
Date Assigned:	11/17/2014	Date of Injury:	09/26/2008
Decision Date:	01/06/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 Neurological 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 records made available for review, this is a 58-year-old male with a 9/26/08 date of injury. At the time (9/26/14) of request for authorization for Neurosurgeon Consultation 2nd Opinion, there is documentation of subjective (more significant neck pain that radiates to the left extremity) and objective (tenderness along the cervical paraspinal muscles and decreased cervical and lumbar spine range of motion) findings, current diagnoses (cervical strain), and treatment to date (acupuncture, epidural injections, and medications). There is no documentation of persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon Consultation second opinion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of a diagnosis of cervical strain. However, despite documentation of subjective (more significant neck pain that radiates to the left extremity) and objective (tenderness along the cervical paraspinal muscles and decreased cervical and lumbar spine range of motion) findings, there is no (clear) documentation of persistent, severe, and disabling shoulder or arm symptoms. In addition, there is no documentation of activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms. Therefore, based on guidelines and a review of the evidence, the request for Neurosurgeon Consultation second opinion is not medically necessary.