MAXIMUS Federal Services

Case Number:	CM14-0201121		
Date Assigned:	12/22/2014	Date of Injury:	09/03/2008
Decision Date:	01/31/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/02/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 49 year old employee with date of injury of 9/3/08. Medical records indicate the patient is undergoing treatment for s/p C3 to C7 anterior-posterior decompression and fusion, April 5 & 7th, 2011; C3 to C7 laminectomy, 6/30/09. Patient has depression and anxiety. Subjective complaints include persistent neck pain. He rates his pain 8/10 without medications and 6/10 with medications. Without medication, the patient has difficulty sleeping. He does report improved function with medication. Objective findings include X-ray which showed end-plate spurring from C3-C4 through T1 which was most severe at the C6-C7 level consistent with cervical degenerative disk disease (no date). An MRI of the right shoulder showed mild impingement of the supraspinatus tendon with a prominent coracoacromial ligament and narrowing of the acromiohumeral gap. There is no evidence of acute inflammatory process such as parsonage/Turner syndrome. He underwent brachial plexus MRI, unremarkable. MRI of the cervical spine (1/8/09) which showed cervical spondylosis with 3 to 4 mm broad based lateral osteophytic ridge formation and disk protrusion at C3-C4 and C4-C5. There is moderate-severe bilateral neural foraminal stenosis at both levels, more pronounced on the right at the C3-C4 level. There is mild to moderate spinal canal stenosis with flattening and effacement of the cervical cord. Treatment has consisted of Functional Restoration Program; PT, CBT, Norco and Tramadol. The utilization review determination was rendered on 11/26/14 recommending non-certification of 1 plastic surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 plastic surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent regarding visits to a plastic surgeon. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". There are no evidence based medicine guidelines that would support the revision of a well healed scar post cervical fusion and no evidence that a revision would improve cervical range of motion. The treating physician did not provide a medical rationale as to why a plastic surgery consult is needed at this time. As such, the request for 1 plastic surgery consultation is not medically necessary.