

Case Number:	CM14-0206664		
Date Assigned:	12/18/2014	Date of Injury:	11/07/2013
Decision Date:	02/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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:

The injured worker is a 58-year-old gentleman with a date of injury of 03/07/2001. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/02/2014, 10/16/2014, 10/30/2014, and 11/20/2014 indicated the worker was experiencing neck pain with numbness and tingling in the left arm. Documented examinations consistently described tenderness in the upper back and decreased motion in the upper back joints. The submitted and reviewed documentation concluded the worker was suffering from cervical degenerative disk disease, left C7 radiculitis, borderline carpal tunnel syndrome, and tobacco use. Treatment recommendations included medications, TENS, stopping smoking tobacco, medication injected near the upper back spinal nerves, and consultation with a spine surgeon. A Utilization Review decision was rendered on 11/12/2014 recommending non-certification for a referral for an orthopedic spine specialist for consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Orthopedic spine specialist for consultation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing neck pain with numbness and tingling in the left arm. The worker had persistent symptoms that remained unchanged despite the use of medications and other treatments. While there were no documented findings suggesting surgery would be needed, a specialist evaluation would be appropriate whether the worker was treated with surgery or with more conservative options. For this reason, the current request for a referral for an orthopedic spine specialist for consultation and treatment is medically necessary.