

Case Number:	CM15-0002553		
Date Assigned:	01/13/2015	Date of Injury:	05/22/2012
Decision Date:	03/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 41 year old female, who sustained an industrial injury on 5/22/12 as a lead care manager to include the neck and low back. She has now reported symptoms of persistent neck pain localized in the posterior aspect of the neck with radiation to the shoulders, numbness and tingling to hands and weakness of her shoulders. The diagnosis was disc herniation of the cervical spine at C5-6 level. Examination on 1/15/15 reveals a normal posture; tenderness along the trapezius muscle bilaterally with spasm, range of motion of the cervical spine is decreased with loss of 20 degrees of flexion and extension. Neurogenic compression tests were positive bilaterally. Reflexes were normal. There was slight decreased touch sensation in the dorsal aspect of both hands. Trigger point injections were beneficial on 4/26/13. A Magnetic Resonance Imaging (MRI) was to be ordered to further dictate treatment. On 12/29/14, Utilization Review non-certified an Evaluation and Treatment of Cervical Spine, citing the Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation & Treatment of Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.
Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, evaluation and treatment of the cervical spine is not medically necessary. The ACOEM states a consultation is designed to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent loss and or examinee's fitness for return to work. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured workers working diagnoses are Displacement of lumbar intervertebral disc; lumbago; and pain in thoracic spine. Subjectively, the injured worker presented for follow-up of the thoracic-lumbar spine. He reports he feels the same as last visit and continues to have pain. Objectively, spasms are noted medical record. Injured worker had a trigger point injection but the effects wore off quickly. There were no other objective findings noted. There was no documentation regarding the cervical spine. There were no subjective complaints or objective findings in the medical record. The assessment/diagnoses did not address a specific cervical etiology. Overall, the documentation pursuant to a November 20, 2014 progress note did not contain any clinical symptoms or objective physical findings referable to the cervical spine. Additionally, the utilization reviewer stated a QME in the medical record indicated the cervical spine complaints were completely cured. The medical record forwarded for review did not contain a QME. There was no additional documentation of neck pain. Consequently, absent clinical documentation referencing cervical spine issues, evaluation and treatment of the cervical spine is not medically necessary.