

Case Number:	CM15-0004510		
Date Assigned:	01/15/2015	Date of Injury:	05/16/1997
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 59 year old female, who sustained an industrial injury on 5/16/1997. The current diagnoses are cervical spine pain, upper limb radiculopathy, status post cervical fusion, and dysphagia. Currently, the injured worker complains of neck pain with numbness, tingling, and radicular pain in the right arm. The pain is rated 3/10 on a subjective pain scale. Additionally, she reports back stiffness and chest pain. Treatment to date has included medications. The treating physician is requesting 1 referral for vascular surgical follow- up, which is now under review. On 12/30/2014, Utilization Review had non-certified a request for 1 referral for vascular surgical follow- up. The vascular surgical follow- up was non-certified based on no documentation of subjective or objective findings that would indicate a vascular lesion. The ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral for Vascular surgical follow up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Neck, Topic; Office visits

Decision rationale: ODG guidelines recommend office visits as determined to be medically necessary. Evaluation and management of the patient visits to the offices of medical doctors 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 healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The providers request is based upon a prior evaluation and is reasonable and medically necessary. Per providers notes dated January 23, 2014 the MRI/MRA of April 11, 2013 revealed dissection involving the right subclavian artery distal to the takeoff of the right vertebral artery, diminutive right vertebral artery, no flow or occluded at the level of the PICA and distally, basilar artery supply by left vertebral artery which was unremarkable, fetal origin of bilateral posterior cerebral arteries. A carotid ultrasound showed antegrade flow and chronic right subclavian dissection on June 19, 2013 after an ultrasound of June 13, 2013 showed no hemodynamically significant lesion bilaterally. She was cleared for surgery and underwent anterior cervical discectomy and fusion at C3-4 with removal of plate from C4-5 on 8/4/2014. She had been seen by a vascular surgeon in the past and a follow-up evaluation is appropriate and medically necessary.