

Case Number:	CM15-0135295		
Date Assigned:	07/23/2015	Date of Injury:	11/27/2002
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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
 Certification(s)/Specialty: Emergency 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 50 year old female, who sustained an industrial injury on 11/27/02. She reported falling, hitting her head and left elbow. The injured worker was diagnosed as having multiple level degenerative disk disease and discogenic disk disease, spondylosis at C3-7, history of headaches related to problems in the cervical spine, and left elbow and neuropathic status post neurolysis with an anterior transposition. Treatment to date has included left ulnar transposition, 4 cervical spine surgeries, and medication. Currently, the injured worker complains of headaches, neck pain, and spine pain. The treating physician requested authorization for consultation and treatment with a neurologist and consultation and treatment with an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with neurologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: The request is for a referral to a neurologist. According to the American College of Occupational and Environmental Medicine, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The injured worker continues to complain of headaches, neck pain, and spine pain. The request for referral to a neurologist would be consistent with recommendations of the MTUS guidelines, and is medically necessary.

Consultation and treatment with orthopedic surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 92; 180.

Decision rationale: The request is for consultation with an orthopedic surgeon. According to the American College of Occupational and Environmental Medicine referral for surgical consultation is indicated for patients who have: 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 electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term; unresolved radicular symptoms after receiving conservative treatment. Within the documentation provided for review, there is no clear indication that surgery is indicated or is being considered. Furthermore, the injured worker will be referred to a neurologist for further evaluation. Therefore, it is reasonable and appropriate to await evaluation with the neurologist. The request as written is not medically necessary.