

Case Number:	CM15-0138334		
Date Assigned:	07/28/2015	Date of Injury:	10/01/2012
Decision Date:	08/27/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 37 year-old female, who sustained an industrial injury on 10/01/2012. She has reported injury to the neck. The diagnoses have included migraine; right cervical facet joint pain at C2-3, C3-4; status post C5-C6 anterior cervical discectomy and fusion, on 09/24/2013; central disc protrusion at C6-C7; facet joint arthropathy; right shoulder pain; right shoulder tendinitis; and mild right carpal tunnel syndrome. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, epidural steroid injection, cervical facet joint radiofrequency nerve ablation, cervical medial branch blocks, acupuncture, chiropractic treatment, physical therapy, and surgical intervention. Medications have included Norco, Ultracet, Morphine Sulfate ER, Celebrex, Flexeril, Lyrica, Maxalt, Lorazepam, Skelaxin, Vicodin, and Prilosec. A progress report from the treating physician, dated 06/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of bilateral neck pain with right trapezius pain; increased bilateral wrist pain, left worse than right; the pain is exacerbated by lifting, twisting back, driving, activities, and tilting head; mitigating factors include nothing. Objective findings included tenderness upon palpation of the right wrist; tenderness upon palpation of the cervical paraspinal muscle overlying the right C2-C3, C3-4, C6-C7, C7-T1 facet joints; painful decreased range of motion of the right shoulder; cervical ranges of motion were restricted by pain in all directions; cervical extension was worse than cervical flexion; and nerve root tension signs were negative bilaterally. The treatment plan has included the request for spine surgeon second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgeon Second Opinion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for spine surgeon consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the documentation available for review, the patient has had previous anterior cervical discectomy and fusion. Significant pain is still noted for the patient, despite conservative treatments. Therefore, it is reasonable to seek a second opinion from another spine surgeon in this case. This request is medically necessary.