

Case Number:	CM15-0166326		
Date Assigned:	09/04/2015	Date of Injury:	08/12/2014
Decision Date:	10/07/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 32 year old female who sustained an industrial injury on 08-12-2014 secondary to a slip and fall resulting in hitting head against the wall. On provider visit dated 05-11-2015 the injured worker has reported migraines, dizziness, and neck pain. The injured worker complained of not being able to sleep due to pain and migraines. Examination revealed positive cervical tenderness and muscle spasms were noted in the paraspinal musculature. Cervical spine range of motion was noted as decreased and lumbar spine range of motion was decreased. The diagnoses have included head injury, cervical strain, and rule out cervical disc herniation with radiculopathy. Treatment to date has included medication. The provider requested orthopedic evaluation and treatment, which was non-certified by Utilization Review on 08-07-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations, page 163.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Ch 7 Independent Medical Examinations And Consultations pg 503.

Decision rationale: Per the cited CA MTUS guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. In the case of this injured worker, she has had chronic neck pain with decreased sensation on the right upper extremity in the C5-8 distribution. Medical documentation was limited concerning her neck symptoms and concerns for possible cervical disc herniation with radiculopathy. Requested MRI of the cervical spine to evaluate the injured worker's radicular symptoms has been denied to date as of 08-24-2015. Further evaluation and treatment of her neck symptoms has not been documented or specified. However, based on the guidelines cited and symptomatology present greater than four to six weeks, it would be reasonable for further evaluation by a specialist. Therefore, the request for orthopedic evaluation and treatment is medically necessary and appropriate.