MAXIMUS Federal Services

Case Number:	CM15-0183651		
Date Assigned:	09/24/2015	Date of Injury:	09/26/2012
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 26, 2012. In a utilization review report dated September 10, 2015, the claims administrator failed to approve a request for a second opinion neck surgery consultation. The claims administrator referenced an RFA form received on September 3, 2015 and an associated progress note of September 2, 2015 in its determination. The applicant's attorney subsequently appealed. On September 2, 2015, the applicant reported ongoing complaints of worsening neck pain. The applicant had consulted a spine surgeon and had received recommendation to pursue spine surgery. The applicant was working in a self-employed capacity at a rate of 20 to 35 hours a week, it was reported. Norco, Zohydro, and Topamax were renewed and/or continued. The attending provider then stated, somewhat incongruously, toward the bottom of the report that the applicant would be placed off of work, on total temporary disability. The attending provider suggested that the applicant obtain a second opinion spine surgery and/or an Agreed Medical Evaluation (AME) to facilitate pursuit of spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion consultation for neck surgery: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Office visits.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Yes, the proposed second opinion consultation for neck surgery was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 180, if surgery is a consideration, counseling and discussion regarding likely outcomes, risks, benefits, and expectations is "essential." Here, the applicant's primary treating provider (PTP) seemingly contended that the applicant was a candidate for spine surgery but that request for spine surgery had apparently been denied through the utilization review process. Obtaining a second opinion spine surgery consultation, thus, would have helped to ascertain the claimant's suitability for planned spine surgery. Therefore, the request is medically necessary.