

Case Number:	CM15-0185468		
Date Assigned:	09/25/2015	Date of Injury:	04/16/2005
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 04-16-2005. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical post-laminectomy syndrome with left C7 radiculopathy, status post anterior cervical discectomy and fusion, status post ProDisc replacement at C4-5 and C5-6, reactionary depression and anxiety, medication induced gastritis, restless leg syndrome, and cervical spinal cord stimulator. Treatment and diagnostics to date has included spinal cord stimulator, psychotherapy, and medications. Current medications include Norco, Lyrica, Anaprox, Prilosec, Remeron, and Xanax. After review of progress notes dated 07-13-2015 and 08-28-2015, the injured worker reported ongoing neck pain with headaches rated 6 out of 10 in intensity. Objective findings included tenderness around the cervical paraspinal muscles. The treating physician noted a referral to a DDS who specializes in the evaluation and treatment of dental sleep disorder breathing, apnea, snoring, and alternatives to CPAP (continuous positive airway pressure). The Utilization Review with a decision date of 09-04-2015 denied the request for referral to DDS for evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] for Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. The records do not clearly provide a rationale as to why the requested consultation is necessary or what clinical question would be answered given the nature and chronicity of this case. The dentist to whom the patient has been referred apparently specializes in treatment of sleep disorders; however, the records do not clearly indicate why such a referral is necessary or indicated. Therefore this request is not medically necessary.