

Case Number:	CM15-0197666		
Date Assigned:	10/13/2015	Date of Injury:	02/02/2015
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina

Certification(s)/Specialty: 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 53 year old male with a date of injury on 02-02-2015. The injured worker is undergoing treatment for post traumatic cervical sprain, post traumatic headache, abnormal jaw jerk and sleep disturbance. A physician progress note dated 07-29-2015 documents the injured worker has constant headaches, constant cervical spine pain that travels to his left shoulder, bilateral shoulder pain, and he complains of having difficulty hearing, tactile feeling and smelling. On examination he has severe tenderness in the cervical spinous process. He has severe tenderness in the paravertebral trapezii and severe spasm in the paravertebral trapezii. He has severe pain on all motion maneuvers and range of motion was restricted. He has left paravertebral and trapezius tenderness and guarding. There is tenderness in the upper, mid and lower back and paraspinal muscles and slight spasm in the upper mid and lower processes and paraspinal muscles. He has pain on all maneuvers and range of motion was limited. He ambulates with a wide base and short stride. He was unable to do a monopodal balance-hop due to his neck pain. There was diminished to light touch and pinprick over the left arm and C6 temperature level. He is unable to smell and now has difficulties with activities of daily living. He has tried a Medrol pack and anti-inflammatories that did not help. In a physician note dated 08-03-2015 documents he is having severe neck pain with headache and numbness into both his hands. He has been scheduled for cervical spine surgery. He has decreased cervical range of motion with paravertebral tenderness and spasm. There is decreased sensation over the left C7 dermatomes. Treatment to date has included diagnostic studies, medications, use of a cervical collar, and cervical epidural injection on 05-05-2015 which helped little. Medications include

Norco, Gabapentin and Ibuprofen. An unofficial Magnetic Resonance Imaging of the cervical spine done on 08-17-2015 showed at C5-C6 a large disc osteophyte complex with uncovertebral osteophytes causing moderate central canal stenosis with effacement of the CSF space and flattening of the ventral aspect of the cord. There is severe right and moderate left neural foraminal stenosis. The Request for Authorization dated 09-10-2015 includes the request for Neurosurgeon evaluation. On 10-01-2015 Utilization Review non-certified the request for Neurosurgeon evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of significant neck pain that have failed treatment by the primary treating physician. Therefore criteria for a neurosurgical consult have been met and the request is medically necessary.