

Case Number:	CM15-0200879		
Date Assigned:	10/16/2015	Date of Injury:	09/02/2005
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 59 year old female who sustained an industrial injury on 9-2-2005. A review of medical records indicates the injured worker is being treated for displacement of lumbar intervertebral disc without myelopathy, displacement of cervical intervertebral disc without myelopathy, disorders of bursae and tendons in the shoulder region, unspecified, carpal tunnel syndrome, and myofascial pain. Medical records dated 9-16-2015 noted pain that persists in her neck and left shoulder. She also had low back pain and bilateral numbness and pain to her wrists and hands. Pain was rated an 8 out 10 without medications and with medication her pain was tolerable at times. Physical examination noted restricted cervical range of motion with tenderness. There was tenderness to the left shoulder with abduction to 90 degrees with pain. There was pain with extension to bilateral wrists with full range of motion. There was left medial epicondyle tenderness to palpation. There was diminished sensation in the left C6 and C7 dermatomes of the upper extremities dermatomes. Treatment has included Norco. MRI of the cervical spine dated 5-20-2015 revealed multilevel degenerative disc disease with small disc bulges and annular tears. Utilization review form dated 10-2-2015 noncertified 1 preoperative clearance with ENT.

IMR ISSUES, DECISIONS AND RATIONALES

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

One preoperative clearance with ENT (otolaryngologist): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

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

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a referral to an ENT. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.