

Case Number:	CM15-0201430		
Date Assigned:	10/16/2015	Date of Injury:	11/27/2012
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 45 year old male, who sustained an industrial injury on 11-27-12. The documentation on 4-1-15 noted that the injured worker has complaints of mid and lower back; left knee and neck pain. The documentation on 9-9-15 noted that the injured worker had the left knee scoped and is in the recent post op recovery phase. The documentation noted that medication at this time is none. The documentation noted that the injured workers side of the neck is still tender and seems to cause a sharp biting pinch in the lower neck with upward gaze. Magnetic resonance imaging (MRI) of the thoracic spine on 7-23-13 revealed C1-2 no abnormality identified and C2-3 no significant pathology. The diagnoses have included cervicalgia and neuralgia, neuritis and radiculitis, unspecified. The original utilization review (9-17-15) non-specified the request for consultation with neurology for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Neurology for The Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested Consultation with Neurology for The Cervical Spine, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has mid and lower back; left knee and neck pain. The documentation on 9-9-15 noted that the injured worker had the left knee scoped and is in the recent post op recovery phase. The documentation noted that medication at this time is none. The documentation noted that the injured workers side of the neck is still tender and seems to cause a sharp biting pinch in the lower neck with upward gaze. Magnetic resonance imaging (MRI) of the thoracic spine on 7-23-13 revealed C1-2 no abnormality identified and C2-3 no significant pathology. The treating physician did not adequately document the medical necessity for this consult nor how the treating physician is anticipating this consult will affect treatment, as there is insufficient documentation the injured worker is current a surgical candidate. The criteria noted above not having been met, Consultation with Neurology for The Cervical Spine is not medically necessary.