

Case Number:	CM15-0206241		
Date Assigned:	10/23/2015	Date of Injury:	09/07/2014
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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 7, 2014. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for a second opinion surgical consultation for the cervical spine. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination and were, furthermore, mislabeled as originating from the MTUS. The claims administrator referenced a September 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 23, 2015, the applicant reported ongoing complaints of neck, shoulder, and arm pain. The applicant was on Norco, Flexeril, and Phenergan. The applicant was reportedly a candidate for cervical spine surgery but had apparently been unable to proceed with this owing to uncontrolled diabetes. The applicant stated that he would like to pursue a second opinion consultation to determine whether he was or was not a suitable candidate for pursuit of cervical spine surgery. The applicant was placed off work, on total temporary disability, while Norco, Flexeril, and Phenergan were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second surgical opinion for cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 503, Official Disability Guidelines (ODG), Pain, Office Visits.

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

Decision rationale: Yes, the request for a second opinion surgical consultation for the cervical spine 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 outcome, risks, benefits, and expectations is "essential." Here, the applicant apparently had issues with co-morbidities, including diabetes, which were giving his spine surgeon pause in terms of pursuing cervical spine surgery. Obtaining the added expertise of another spine surgeon to determine the applicant's suitability for spine surgery was, thus, indicated. Therefore, the request was medically necessary.