

Case Number:	CM15-0031813		
Date Assigned:	02/25/2015	Date of Injury:	02/24/2014
Decision Date:	04/21/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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, California
 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 46-year-old female, who sustained an industrial injury on 2/24/2014. The mechanism of injury was not provided for review. The injured worker was diagnosed as having a cervical multi-level degenerative disc disease with cervical disc bulge and status post anterior cervical discectomy and fusion. Treatment to date has included surgery, physical therapy and medication management. Currently, a progress note from the treating provider dated 1/22/2015 indicates the injured worker reported numbness and burning in the bilateral hands, a detailed physical examination was not specified in the records provided. The patient's surgical history include cervical fusion on 8/29/14. The patient has had MRI of the cervical spine that revealed disc protrusions, degenerative changes and foraminal narrowing and EMG of UE revealed radiculopathy. The patient has had X-ray of the cervical spine that revealed normal position of the graft. The medication list was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a PMR provider for UE pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004) Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Request: Referral to a PMR provider for UE pain. MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations. Per the cited guidelines, "The occupational health practitioner may refer to other specialists 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." The injured worker was diagnosed as having a cervical multi-level degenerative disc disease with cervical disc bulge and status post anterior cervical discectomy and fusion. Currently, a progress note from the treating provider dated 1/22/2015 indicates the injured worker reported numbness and burning in the bilateral hands. The patient's surgical history include cervical fusion on 8/29/14. The patient has had MRI of the cervical spine that revealed disc protrusions, degenerative changes and foraminal narrowing and EMG of UE revealed radiculopathy. This is a complex case. A referral to a PMR provider for UE pain is deemed medically appropriate and necessary.