

Case Number:	CM15-0033088		
Date Assigned:	02/26/2015	Date of Injury:	04/13/1993
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 69 year old male, who sustained an industrial injury on 4/13/1993. On 2/23/15, the injured worker submitted an application for IMR for review of 1 consultation with a spine specialist. The treating provider has reported the injured worker complained of continued cervical, thoracic and lumbar spine pain. The diagnoses have included lumbar disc displacement. Treatment to date has included chiropractic care, medications. On 2/12/15 Utilization Review non-certified 1 consultation with a spine specialist. The ACOEM and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consultation with a spine specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The 2/12/15 Utilization Review letter states the Consultation with a spinal specialist requested on the 2/06/15 medical report was denied because the reviewer did not see surgical indications and based the decision on MTUS/ACOEM surgical guidelines. According to the 2/6/15 orthopedic report, the patient presents with cervical, thoracic and lumbar pain. On exam, there was positive Spurlings for the cervical spine, and positive SLR and weakness in the extensor hallucis longus. The records from 8/15/14 through 2/06/15 were provided for this review. The 10/17/14 report documents and increase in neck and back pain and the physician started conservative care with chiropractic and medications. There was no significant change with conservative care and monitoring by 2/6/15 and the physician recommended a consultation with a spinal specialist. MTUS guidelines discuss surgical consultations, but did not address consultations for opinion on treatment options. Other guidelines were used in this case. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but would be the next highest review standard. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: 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 request for a consultation with a spinal specialist is appropriate with the plan or course of care may benefit from additional expertise. The request for a consultation with a spinal specialist IS medically necessary.