

Case Number:	CM15-0034732		
Date Assigned:	03/03/2015	Date of Injury:	07/11/2007
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: Pennsylvania
 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 52-year-old female, who sustained an industrial injury on 7/11/07. She has reported pain in the neck and left shoulder related to a twisting injury. The diagnoses have included cervical disc disease, C6 radiculopathy and status post cervical fusion. Treatment to date has included EMG/NCV studies, cervical spine x-rays and oral medications. As of the PR2 dated 1/19/15, the injured worker reports 8/10 neck pain, which becomes 9/10 with forceful rotation. The treating physician requested a follow-up consult with a spine surgeon. On 2/9/15 Utilization Review non-certified a request for a follow-up consult with a spine surgeon. The utilization review physician cited the ACOEM guidelines. On 2/24/15, the injured worker submitted an application for IMR for review of a follow-up consult with a spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up consultation with spine surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: This worker is experiencing increasing cervical spine pain with weakness in both upper extremities including weakness of bilateral hands and dropping items. An x-ray of the cervical spine showed junctional pathology at C3-4 with Modic changes, degenerative arthritis, and degenerative disc disease. Referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term, or unresolved radicular symptoms after receiving conservative treatment. This worker is having worsening radicular symptoms and findings of progressive degeneration on x-ray. She has had neck surgery previously and it is known that surgery increases the likelihood that patients will have to have future procedures. It is medically necessary in this case to consult with a spine surgeon.