

Case Number:	CM15-0039354		
Date Assigned:	03/09/2015	Date of Injury:	03/15/2013
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 31 year old who sustained an industrial injury on 03/15/2013. The injured worker was transferring a patient to a chair and the patient's knees gave out and the injured worker had to support the patient and in doing so injured her left shoulder and her neck. Diagnoses include cervicalgia. Treatment to date has included physical therapy. A physician progress note dated 08/13/2014 documents the injured worker had finished physical therapy on 07/31/2014 and was doing much better. A physician progress note dated 08/25/2014 documents there were no significant clinical finding, no muscular guarding, no documentable neurological impairment, no significant loss of motion, segmental integrity and no other indication of impairment related to injury or illness, no fractures, she fits in the category of DRE cervical Category 1, 0% impairment of the whole person. The current request is for a 2nd opinion consult ortho spinal surgical.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd opinion consult ortho spinal surgical: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

Decision rationale: The ACOEM Chapter 3, section on initial approaches to treatment indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a referral to a second opinion ortho spinal surgical consult. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.