

Case Number:	CM15-0044008		
Date Assigned:	03/16/2015	Date of Injury:	08/06/2009
Decision Date:	04/24/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 64 year old male sustained a work related injury on 08/06/2009. According to a progress report dated 02/11/2015, chief complaints included neck injury and back pain. X-rays noted cervical multilevel degenerative changes severe. Physical examination noted severe kyphosis cervical spine, degenerative vertebral disc disease as previously described. Assessment was noted as spine cervical radiculopathy and spine cervical spondylosis without myelopathy. OxyContin was refilled. A neurosurgery consultation was requested. According to a prior progress report dated 01/06/2015, the injured worker underwent radiofrequency ablation for bilateral C5-6 and C6-7 joints and noticed no change in symptoms. He had actually been experiencing an increase in neck pain since the procedure. He presented to an urgent care clinic and was given an intramuscular injection of Toradol possibly. He denied any fever, headache, numbness, tingling or focal motor weakness. His medications included duloxetine, Flector transdermal patch, Lipitor, Norco and Xanax. The provider noted that the injured worker received Pantoprazole on 01/03/2015 from the Urgent Care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult: Stanford neurosurgery referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM 2004, page 305 - Specialty consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no documentation that the patient response to pain medications is outside the established norms. Furthermore, the provider did not report failure of all conservative therapies for the management of the patient's cervical condition. The requesting physician did not provide a documentation supporting the medical necessity for a neurosurgery referral. The documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Neurosurgery referral is not medically necessary.