

Case Number:	CM15-0049944		
Date Assigned:	03/23/2015	Date of Injury:	01/17/2015
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/17/2015

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 52 year old male, who sustained an industrial injury on January 17, 2015. The injured worker reported neck pain. The injured worker was diagnosed as having neck strain and rule out disc protrusion. Treatment and diagnostic studies to date have included medication. A progress note dated February 23, 2015 provides the injured worker complains of neck pain. Physical exam notes painful and decreased range of motion (ROM) and tenderness on palpation. It is also noted the injured worker's condition is worsened. The plan is for referral to specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialty evaluation PM & R: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Submitted reports have adequately demonstrated continued symptoms and clinical findings consistent ongoing neck disorder, necessitating a PMR consultation for this injury of January 2015. The guidelines states an occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex. The patient has failed conservative trial of treatment exhibiting continued symptoms. Specialty referral is indicated to assist the patient in the recovery process. The Specialty evaluation PM & R is medically necessary and appropriate.