

Case Number:	CM13-0004430		
Date Assigned:	08/07/2013	Date of Injury:	02/09/2011
Decision Date:	01/13/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 02/09/2011. The primary diagnosis is 723.1 or cervicalgia. The patient is a 59-year-old man with ongoing neck pain. MRI findings of 06/03/2011 demonstrated a 2-mm disc osteophyte complex at C4-C5 with arthropathic osteoarthropathy. On 02/04/2013, a repeat MRI of the cervical spine showed a broad-based disc protrusion to the right at C5-6 with mild encroachment upon the right ventral nerve root. On 03/25/2013, the patient was seen in initial orthopedic consultation with severe right-sided neck pain and associated numbness and weakness. The patient had decreased sensation in the right C5-6 dermatomal distribution and weakness of his right shoulder external rotators. An initial physician review concluded that a second opinion for spine surgery was not indicated since the patient had progressive neurological deficits and the treating provider had a surgical plan for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgeon Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The ACOEM Guidelines, Chapter 8 Neck, page 182, recommends, "MRI to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for invasive procedure." The guidelines in this case do indicate physical exam findings and MRI findings which suggest the possible indication of an invasive procedure. A prior physician reviewer indicated that a second opinion was not indicated because the patient had a surgical plan. While this is correct, it is certainly reasonable for a patient to request a second opinion in order to confirm the surgical plan of the first surgeon. It is quite common for patients to request such a second opinion before making a decision to proceed with a substantial invasive procedure. Overall, this request for a spine surgeon consultation is supported by the medical records and guidelines. This request is medically necessary.