

Case Number:	CM14-0016643		
Date Assigned:	04/11/2014	Date of Injury:	05/25/2012
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/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 patient is a 47 year old male who was injured on 05/25/2012. The mechanism of injury is unknown. His diagnoses are multilevel cervical disc protrusion; multilevel lumbosacral disc protrusion; right knee sprain/strain; radiculopathy and peripheral neuropathy. The patient underwent an anterior cervical discectomy and fusion in June 2013. A PR2 dated 01/22/2014 documents pain management recommended a follow-up for C/S, and also recommended medication. A PR2 dated 10/23/2013 reports the patient presents with complaints of low back pain 7-8/10 that goes to the right leg up the ankle and burning sensation on right outer foot. He complains of weakness and pain to the shoulders. On 09/23/2013, [REDACTED] recommended the patient continue with home exercises and to see dermatologist to rule out infection/cellulitis in his skin on the face. The treating provider has requested dermatology and neurosurgery referrals.

IMR ISSUES, DECISIONS AND RATIONALES

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

DERMATOLOGIST CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: page 127.

Decision rationale: The ACOEM Guidelines states "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". The patient's facial skin rash has no evidence of being related to the previous injury or cervical surgery. The medical records document that there is a concern that there is a possibility of cellulitis. The treating provider does not feel comfortable treating the skin condition. Medical necessity for the requested service has been established. The requested service is medically necessary.

NEUROSURGERY REFERRAL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: The ACOEM Guidelines states "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". The patient has had a cervical surgery laminectomy/fusion and has persistent radiculopathy and bilateral arm weakness. The symptoms warrant re-evaluation by the neurosurgeon. Medical necessity for the requested service has been established. The requested service is medically necessary.