

Case Number:	CM14-0117910		
Date Assigned:	08/06/2014	Date of Injury:	08/19/2010
Decision Date:	11/07/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational Medicine 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 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:

According to the records made available for review, this is a 58-year-old male with an 8/19/10 date of injury. At the time (7/14/14) of request for authorization for Spine Surgery consult with doctor's office visit for evaluation of a new patient for detailed history, examination, and medical decision of low complexity and office visit for evaluation of established patient. There is documentation of subjective (neck pain with radiation to the right arm with numbness and tingling, difficulty with activities of daily living and weakness in the dominant extremity) and objective (positive Spurling, decreased sensation in the right arm and forearm in the C6 distribution) findings, imaging findings (cervical spine MRI revealed C5-6 large disc herniation with severe neuroforaminal stenosis), current diagnoses (cervical radiculitis), and treatment to date (epidural steroid injection, physical therapy, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgery consult, (doctor's office visit for evaluation of a new patient for detailed history, examination, and medical decision of low complexity) and office visit for evaluation of established patient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: Specifically regarding spine surgery consult with doctor's office visit for evaluation of a new patient for detailed history, examination, and medical decision of low complexity, MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Specifically regarding the office visit for evaluation of established patient, MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnosis of cervical radiculitis. In addition, there is documentation of clear clinical and imaging evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms. However, specifically regarding the office visit for evaluation of established patient, given the associated request for spine surgery consult with doctor's office visit for evaluation of a new patient for detailed history, examination, and medical decision of low complexity, there is no documentation that diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for Spine Surgery consult with doctor's office visit for evaluation of a new patient for detailed history, examination, and medical decision of low complexity and office visit for evaluation of established patient is not medically necessary.