

Case Number:	CM14-0131892		
Date Assigned:	09/16/2014	Date of Injury:	06/20/2013
Decision Date:	10/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family Medicine and is licensed to practice in Utah. 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 30 year-old female. The patient's date of injury is 6/20/2013. The mechanism of injury was described as lifting boxes from a freezer, when she injured her neck and back. The patient has been diagnosed with rule out HNP cervical thoracic and lumbar spine, with subluxation of cervical thoracic and lumbar spine. The patient's treatments have included imaging studies, and medications. The physical exam findings dated 7/21/2014 shows palpable tenderness, worse with passive standing and Range of motion is reported as normal. The patient's medications have included, but are not limited to, Ibuprofen. The request is for orthopedic and neurological referrals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Spine Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 288. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition (text, page 165, 288, 180)

MAXIMUS 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 Practice Guidelines Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Orthopedic consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There are no red flag symptoms, nor is it clear that patient has failed conservative treatment, or has a surgical diagnosis. According to the clinical documentation provided and current MTUS guidelines; orthopedic consultation is not indicated as a medical necessity to the patient at this time.

Neurology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) on-line Treatment Guidelines (<http://www.odg-twc.com/odgtwc/.neck.htm>)

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Neurology consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The clinical documents lack documentation that state that the patient has neurological defects, which would warrant a referral to neurology. According to the clinical documentation provided and current MTUS guidelines; Neurology consultation is not indicated as a medical necessity to the patient at this time.