

<b>Case Number:</b>	CM14-0143108		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/01/1994
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 67 year old male with a 1/1/1994 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/24/14 noted subjective complaints of continued neck pain. Objective findings included tenderness to palpation with slight spasm and muscle guarding over the bilateral cervical paraspinals and upper trapezius muscles. Diagnostic Impression: neck sprain, cervical disc degeneration Treatment to Date: physical therapy, chiropractic, acupuncture, trigger point injections A UR decision dated 8/14/14 denied the request for authorization to review medical records and be compensated for a narrative report that provides discussion. The 9785 section of the labor code states that the primary treating physician is responsible for obtaining all of the reports of secondary physicians and shall incorporate, or comment upon, the findings and opinions of the other physicians in the primary treating physician's report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 request for authorization to review medical records and be compensated for a narrative report that provides discussion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California labor code Â§9785 - <https://www.dir.ca.gov/t8/9785.html>

**Decision rationale:** CA MTUS does not specifically address this issue. California labor code 9785 states that the primary treating physician shall be responsible for obtaining all of the reports of secondary physicians and shall, unless good cause is shown, within 20 days of receipt of each report incorporate, or comment upon, the findings and opinions of the other physicians in the primary treating physician's report and submit all of the reports to the claims administrator. Part of the responsibility of the primary treating provider is to review medical records and incorporate or comment upon the findings and opinions of secondary physicians. Therefore, the request for authorization to review medical records and be compensated for a narrative report that provides discussion is not medically necessary.