

Case Number:	CM14-0109632		
Date Assigned:	08/01/2014	Date of Injury:	07/26/2004
Decision Date:	06/30/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 58 year old male, who sustained an industrial injury on 7/26/2004. He reported injury while climbing a ladder. The injured worker was diagnosed as having right knee pain, left knee pain, gait dysfunction, lumbar strain with bilateral radiculitis, cervical strain with left cervical radiculitis and parasthesias of the left hand, cervicogenic headaches, insomnia and anxiety. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care and medication management. In a progress note dated 6/4/2014, the injured worker complains of increasing neck pain with radiation to the left upper extremity with numbness of the left hand digits. Pain was documented as 6/10 with medication and 10/10 without medication. Physical examination showed mild tenderness and spasm over the lower paracervical muscles and decreased cervical range of motion. The treating physician is requesting re-evaluation with a cervical spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation with a cervical spine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: CA MTUS/ACOEM guidelines, neck complaints, page 178 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. The patient was evaluated by the same specialist on 12/24/13. Since that time, there have been no new changes in the patient's symptoms or pathology from the exam note dated 6/4/14 to warrant new referral. Based on this the request is not medically necessary.