

Case Number:	CM14-0213059		
Date Assigned:	12/30/2014	Date of Injury:	10/19/2006
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 19, 2006. In a Utilization Review Report dated November 26, 2014, the claims administrator denied a re-evaluation with a spine specialist status post a cervical epidural steroid injection. An October 24, 2014 progress note was referenced. The claims administrator noted that the applicant had undergone earlier cervical fusion surgery. The claims administrator invoked non-MTUS Chapter 6 and Chapter 7 ACOEM Guidelines in its determination. The claims administrator also stated that a cervical epidural steroid injection had been denied and that this represented denial of a derivative service. The applicant's attorney subsequently appealed. On October 21, 2014, the applicant reported persistent complaints of neck pain radiating into the arms, numbness about the hand, and knee pain. The applicant was in the process of applying for [REDACTED], it was acknowledged. The applicant had multiple tender points evident. Tylenol No. 3, Aleve, an epidural steroid injection, and a follow-up visit with a spine specialist were sought. The applicant was status post earlier cervical fusion surgery. The attending provider suggested that the applicant consult a spine specialist to determine the need for surgical intervention following the planned epidural steroid injection. The applicant was placed off of work, on total temporary disability, while Tylenol No. 3 was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation with a spine specialist following Cervical ESI: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Yes, the proposed re-evaluation with the spine specialist was medically necessary, medically appropriate, and indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. Here, the applicant has undergone a failed earlier cervical fusion surgery. The applicant is seemingly off of work. The applicant remains dependent on opioid agents. Obtaining the added expertise of a spine specialist to determine the applicant's suitability for further surgical intervention involving the cervical spine, thus, is indicated, whether or not the applicant undergoes a cervical epidural steroid injection which is also apparently a subject of dispute. Therefore, the request was medically necessary.