

Case Number:	CM14-0213858		
Date Assigned:	01/12/2015	Date of Injury:	11/04/2011
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

6/2/14 PR-2 notes pain notes pain in the cervical area and bilateral knees. There is cervicothoracic spine tenderness and pain of the para-axial musculature radiating pain to left shoulder and down into the left upper extremity. EMG is reported to show mild acute C7 radiculopathy on the left with 1/30/14 MRI reporting cervical disc bulges. Assessment was cephalgia with cervical spine sprain and strain. 8/18/14 PR-2 is reported pain in the bilateral knees. There is reported difficulty completing ADL's. There is left arm and hand pain with numbness and tingling with weakness in the hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Neurosurgeon: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Page(s): 300-306.

Decision rationale: MTUS supports referral for specialty care referral for surgical consultation when there is: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, Failure of conservative treatment to resolve disabling radicular symptoms. The medical records provided for review report diminished upper extremity strength and numbness that is not resolved after conservative treatment. Congruent with MTUS, the medical records do support medical necessity for referral to specialist.