

Case Number:	CM15-0100653		
Date Assigned:	06/03/2015	Date of Injury:	10/26/2009
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 10/26/2009. Initial complaints and diagnosis were not clearly documented. On provider visit dated 01/27/2015 the injured worker has reported chronic neck pain that radiates down the right arm. On examination of the cervical spine revealed no tenderness to palpation and sensation was decreased from right forearm to fingers. The injured worker was noted not to want any invasive treatment at this time. The diagnoses have included multilevel degenerative disc disease-cervical, cervical spine stenosis and cervical radiculopathy. Treatment to date has included medication and consultations. The provider requested follow up with neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with neurosurgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, pg 503.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, follow up medical visits.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states medical reevaluation is based on medical necessity based on ongoing complaints/symptoms and response to therapy. The patient desires no invasive intervention so follow up with a neurosurgeon is not medically warranted at this time and the request is not medically necessary.