

Case Number:	CM15-0014014		
Date Assigned:	02/02/2015	Date of Injury:	08/31/2011
Decision Date:	03/25/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/23/2015

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: Texas, California

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:

This is a 54 year old male patient, who sustained an industrial injury on 8/31/11. He sustained the injury due to fall. The diagnoses include cervical spine stenosis and cervical radiculopathy. Per the doctor's note dated 12/11/2014, he had complaints of neck pain and left shoulder pain. The physical examination revealed cervical spine- decreased range of motion and decreased sensation bilaterally over C5, C6, C7 and C8 dermatomes; left shoulder- decreased range of motion, tenderness and 4/5 strength with flexion and extension; decreased range of motion of lumbar spine and bilateral wrists. The medications list includes tramadol, prilosec and cymbalta. He has had EMG/NCS dated 10/1/2012 which revealed chronic left C6 radiculopathy; cervical MRI dated 9/28/2012 which revealed degenerative changes and left C7 nerve root encroachment. He has undergone left shoulder surgery on 5/1/2012. He has had physical therapy visits and injections for this injury. The UR decision dated 12/26/14 non-certified 1. Consult with Spine Surgeon Cervical Spine, 2. Follow-Up Appointment with Psychologist. The 1. Consult with Spine Surgeon Cervical Spine, 2. Follow-Up Appointment with Psychologist treatments were denied based on California MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Spine Surgeon Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): page 127.

Decision rationale: Request: Consult with Spine Surgeon Cervical Spine. MTUS guidelines: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Per the cited guidelines, The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per the doctor's note dated 12/11/2014, he had neck pain and left shoulder pain. He is having objective findings- cervical spine- decreased range of motion and decreased sensation bilaterally over C5, C6, C7 and C8 dermatomes; left shoulder- decreased range of motion, tenderness and 4/5 strength with flexion and extension; decreased range of motion of lumbar spine and bilateral wrists with history of left shoulder surgery on 5/1/2012. He has also had diagnostic studies with abnormal findings- EMG/NCS and cervical MRI with findings of degenerative changes and radiculopathy. He has also tried physical therapy and epidural injections. Therefore spine consult is medically appropriate and necessary to manage his neck symptoms. The request for Consult with Spine Surgeon Cervical Spine is medically appropriate and necessary for this patient at this juncture.

Follow-up appointment with Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Page 127. Decision based on Non-MTUS Citation Chapter: Pain (updated 03/18/15) Office visits

Decision rationale: Request: Follow-up appointment with Psychologist. MTUS guidelines: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Per the cited guidelines, The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Detailed psychiatric history since date of injury is not specified in the records provided. Previous Psychologist consult notes are not specified in the records provided. Outcome of previous psychologist consultation is not specified in the records provided. The medical necessity of Follow-up appointment with Psychologist is not fully established for this patient at this juncture.