

Case Number:	CM15-0129837		
Date Assigned:	07/16/2015	Date of Injury:	08/27/2013
Decision Date:	08/14/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, 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:

The injured worker is a 47 year old male who sustained an industrial injury on August 27, 2013. He has reported pain in the neck bilaterally extending into the upper back bilaterally and both trapezii, posterior triceps bilaterally, both forearms, and hands, low back, both buttocks, left posterior thigh, both calves and feet. Diagnoses included cervical spondylosis with myelopathy. Treatment has included chiropractic care, medical imaging, surgery and physical therapy. Cervical spine revealed postoperative changes and a slight flattened lordosis. There was no tenderness over the cervical spine, paraspinal muscles, trapezius, or upper back. Range of motion did not produce radicular complaints or Lhermite phenomenon. Range of motion of the shoulders, elbows, and wrist were normal. There was no spasm, tenderness, or deformity of the thoracolumbar spine. The treatment request included a neurology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consult between 6/5/15 and 7/25/15: 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 Chronic Pain Treatment Guidelines office visits Page(s): 98-99.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for rehab. In this case, the claimant already had an extensive work including EMG/NCV and imaging. There was no indication of unknown diagnosis or complex findings or intervention needed from a neurologist. The request is not substantiated and not medically necessary.