

Case Number:	CM15-0175747		
Date Assigned:	09/17/2015	Date of Injury:	02/25/2002
Decision Date:	10/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male, who sustained an industrial injury on 02-25-2002. He has reported injury to the neck. The diagnoses have included cervicalgia; cervical radiculopathy; myofascial pain syndrome; and status post ACDF (anterior cervical discectomy and fusion). Treatment to date has included medications, diagnostics, aquatic therapy, physical therapy, home exercise program, and surgical intervention. Medications have included Ibuprofen, Gabapentin, Baclofen, Cymbalta, Duexis, Clonazepam, Abilify, and Prevacid. A progress note from the treating physician, dated 08-20-2015, documented a follow-up visit with the injured worker. The injured worker reported left-sided neck pain; the pain is worsening with radiating pain down his left upper extremity into his hand; the pain is described as sharp, pins and needles sensation, and shock-like; the pain is rated at 8 out of 10 in intensity; the pain interferes only with some daily activities; the ability to sleep is worse; he is getting numbness and tingling and feels weaker; and he would like a referral to orthospine for evaluation. Objective findings included in no acute distress; the ACDF site is clean, dry, and healed; cervical facet loading is positive for axial pain; Spurling's is positive in the left; and sensation is intact at this time. The treatment plan has included the request for orthopedic spine surgeon consultation and treatment. The original utilization review, dated 08-27-2015, non-certified a request for orthopedic spine surgeon consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Spine Surgeon Consultation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127.

Decision rationale: The patient presents on 08/21/15 with neck pain rated 7/10 with associated aching, burning, and pins and needles sensation. The patient's date of injury is 02/25/02. Patient is status post anterior cervical discectomy and fusion. The request is for ORTHOPEDIC SPINE SURGEON CONSULTATION AND TREATMENT. The RFA is dated 08/21/15. Physical examination dated 08/21/15 reveals positive cervical facet loading and positive Spurling's maneuver. The patient is currently prescribed Baclofen, Gabapentin, Ibuprofen, Vitamin D3, Prevacid, Levothyroxine, Duexis, Clonazepam, Crestor, Cymbalta, Abilify, Lunesta, Lithium, and Lovastatin. Patient's current work status is not provided. MTUS guidelines, Pain Outcomes and Endpoints section, page 8 has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." About the consultation with an orthopedic specialist for this patient's cervical spine complaint, the request is appropriate. This patient presents with continuing disability and pain in his cervical spine secondary to industrial injury and has a significant surgical history of multi-level cervical fusion. ACOEM and MTUS guidelines indicate that such consultations are supported by guidelines at the care provider's discretion. Given this patient's ongoing complaints and surgical history, a consultation with a specialist could improve this patient's course of care. Therefore, the request IS medically necessary.