

Case Number:	CM15-0066428		
Date Assigned:	04/14/2015	Date of Injury:	06/24/2002
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 63 year old male, who sustained an industrial injury on 6/24/02. He reported initial complaints of neck pain. The injured worker was diagnosed as having cervical facet arthralgia; cervical disc injury; cervical radiculitis. Treatment to date has included physical therapy; TENS unit; trigger point injections; MRI cervical spine 1/8/15; medications. Currently, the PR-2 notes dated 2/24/15 the injured worker complained of neck pain that referred to the right face, scalp, periorbital region and right cervicobrachial junction. The injured worker also noted that both feet appeared numb and tingling and that the neck continues to feel "stiff." MRI cervical spine 1/8/15 was remarkable for minimal retrolisthesis a C5-C6 with degenerative disc disease C4-C5 showed broad-based disc bulge; central disc protrusion with left lateral protrusions resulting in moderate left neural foraminal stenosis. C5-C6 showed broad based disc bulge with osteophytic ridge and central protrusion, facet arthropathy with mild canal stenosis with moderate left neural foraminal stenosis; C7-T1 unremarkable. The provider is requesting a consultation and treatment with Spine Anesthesiologist for the Cervical Spine retrolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and Treatment with Spine Anesthesiologist Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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". ACOEM states in the neck and upper back section "Referral for surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms. Activity limitation for more than one month or with extreme progression of symptoms. Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. Unresolved radicular symptoms after receiving conservative treatment." It is not clear if this is a request for an epidural steroid injection or a consultation. The treating physician does not detail the rationale for the referral and why an anesthesiology spine specialist is needed. As such, the request As such, the request for Consultation and Treatment with Spine Anesthesiologist Cervical Spine is not medically necessary at this time.