

Case Number:	CM15-0075246		
Date Assigned:	04/27/2015	Date of Injury:	01/03/2011
Decision Date:	05/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic neck, low back, and bilateral shoulder pain reportedly associated with an industrial injury of January 31, 2011. In a Utilization Review report dated April 2, 2015, the claims administrator partially approved a request for a consultation and treatment (AKA referral) with an orthopedic specialty as a consultation alone. The claims administrator referenced a RFA form received on March 18, 2015 in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked, as of the progress note of January 21, 2015. The applicant's attorney subsequently appealed. In a January 21, 2015 progress note, the applicant was declared permanent and stationary. Ongoing complaints of neck pain, back pain, and headaches were noted. Permanent work restrictions were imposed, apparently resulting in the applicant's removal from the work place. The applicant had undergone cervical spine surgery, the treating provider suggested (but did not clearly state). On October 29, 2014, the applicant reported ongoing complaints of neck pain. The applicant was pending multilevel cervical fusion surgery, it was stated at that point. On October 1, 2014, the applicant reported that the applicant's neck and back pain complaints were worsening over time. The applicant was placed off of work, on total temporary disability. On September 27, 2014, the attending provider stated that the applicant had a disk herniation with associated nerve root compression. Multilevel cervical spine surgery was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment by an Orthopedic Specialist, cervical/lumbar spine, per 03/09/15 order, qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition 2004 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: No, the request for unspecified treatment with an orthopedic specialist for the cervical and lumbar spine was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the cervical spine (neck) while the MTUS Guidelines in ACOEM Chapter 8, page 180 does acknowledge that counseling and discussion regarding the outcomes, risks, benefits, and expectations is essential in applicants in whom surgery is a consideration, in this case, however, the request is ambiguously worded. It is not clear whether the request represents a request for surgical intervention involving the cervical spine or whether the request in question represents a request for further non-operative treatment, or whether the request represents a request for a referral to an orthopedic specialist. The January 21, 2015 progress note in question was not altogether illuminating as to the precise nature of the request. Given its ambiguity, thus, the request for unspecified treatment cannot be endorsed. Therefore, the request was not medically necessary.