

Case Number:	CM15-0078117		
Date Assigned:	04/29/2015	Date of Injury:	05/19/2014
Decision Date:	05/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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 injured worker is a 59 year old female, who sustained an industrial injury on 05/18/2014. She reported an injury to her neck, upper back, and bilateral shoulders. The injured worker is currently diagnosed as having cervical facet syndrome, cervical pain, and shoulder pain. Treatment and diagnostics to date has included chiropractic treatment, right shoulder MRI, and medications. In a progress note dated 03/27/2015, the injured worker presented with complaints of chronic progressive pain in her neck, upper back, bilateral shoulders, and right hand. The treating physician reported requesting authorization for a referral to a spine surgeon as a secondary physician for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to a spinal surgeon for the cervical spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, a referral to a spine surgeon is premature. Per available documentation, the injured worker has not attempted a structured physical therapy program and there are no red flags on physical exam that would indicate a need for surgery. The request for one referral to a spinal surgeon for the cervical spine as an outpatient IS NOT medically necessary.