

Case Number:	CM15-0091271		
Date Assigned:	05/15/2015	Date of Injury:	04/27/2010
Decision Date:	06/17/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53-year-old male who sustained an industrial injury on April 27, 2010. Previous treatment includes CT of the lumbar spine, lumbar microdiscectomy, work, restrictions, and medications. Currently the injured worker complains of neck and low back pain. He has been managing his symptoms with Norco and reports that the medication brings his pain down about 50% from a 10 on a 10-point scale to a 5 on a 10-point scale. He is to have cervical spine surgery and notes that he has vertigo when he puts his head back or with a combination of extension and cervical rotation. The evaluating physician noted a concern for vertebrobasilar insufficiency. Diagnoses associated with the request include chronic neck and upper extremity pain, disc herniation of C4-5, disc bulging at C6-C7 and chronic low back pain. The treatment plan includes referral to vascular center for evaluation of vertigo, medications and follow-up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion with an orthopedic surgeon (cervical, lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, second opinion with an orthopedic surgeon cervical/lumbar is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates; for certain, antibiotics require close monitoring. In this case, the injured worker's working diagnoses are chronic neck and upper extremity pain; disc herniation at C4-C5, bulging disc at C6-C7; chronic low back pain, status post anterior/posterior fusion at L4-L5 March 2013; prior laminectomy at this level on April 24, 2011. Subjectively, according to an April 15, 2015 progress note, the injured worker presents for ongoing evaluation of neck and low back pain with radicular symptoms into the upper and lower extremities. The treating orthopedist (spine surgeon) recommended (repeat) surgical intervention for his cervical spine. The injured worker requested a second opinion before making this decision. The most recent MRI dated January 2014 showed multiple disc protrusions and stenosis. The treating orthopedist requested a repeat MRI of the cervical spine that was authorized but not yet performed. Pending repeat MRI of the cervical spine request for a second opinion is premature. The orthopedic spine surgeon wants to see if surgery is the only option or a different type of surgery might be recommended. Consequently, absent clinical documentation with a repeat cervical MRI that was authorized but not yet performed, second opinion with an orthopedic surgeon cervical/lumbar is not medically necessary.