

Case Number:	CM13-0011432		
Date Assigned:	11/08/2013	Date of Injury:	03/19/2001
Decision Date:	04/30/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year old male who was injured on 03/19/2001. The mechanism of injury is unknown. Prior treatment history has included the following medications: Norco Naproxen sodium Zolofl Diagnostic studies reviewed include MRI of head with and without contrast dated 06/12/2013 with the following impression: Scattered nonspecific T2 and FLAIR hyperintensities within the white matter of both cerebral hemispheres are unchanged. No new lesions are identified. Small right maxillary retention cyst or polyp. Focal high T2 signal within the left pterygoid bone is unchanged and may represent opacified air cell. Neurological consultation dated 06/04/2012 revealed axial neck pain; cervical spondylosis at C3-4, C4-5, C5-6 and C6-7. [REDACTED] did not recommend surgical intervention. PR-2 dated 07/16/2013 documented the patient to have complaints of neck pain, headaches, dizziness, memory dysfunction and secondary depression and insomnia due to above complaints. With pain medication the pain level is 5/10 and without it would be 8/10. Objective findings on exam included examination of the cervical spine revealing slight to moderate spasm, right greater than left, in upper and mid region. Inspection shows loss of lordosis. AROM: Flexion 80% of normal, extension 50% of normal, Right lateral flexion 60% of normal and left lateral flexion 60% of normal. Neck extension causes reproduction of the pain to the right upper extremity. Spurling's sign is negative on lateral flexion though with neck extension patient has reproduction of right cervical radicular symptoms with pain and numbness to the right hand. Psychiatric exam reveals the patient's mood and affect are slightly depressed. Diagnoses: 1. Post traumatic head syndrome with post traumatic headaches, post traumatic vertigo and memory dysfunction. 2. Cervical strain, with right-sided radiculitis. 3. Secondary depression due to chronic pain. Recommendations: 1. Consultation for evaluation of increased symptoms in his head and neck. 2. Continue Norco. 3. Continue Naproxen sodium. 4. Continue Zolofl 50 mg. 5. Authorize Butrans patch 20 mcg. 6.

Authorize Ambien CR 12.5 mg. 7. Authorize Docuprene 100 mg. 8. Continue to authorize supplies for the RS Medical RS4i four channel inferential muscle stimulator unit. 9. Continue use of the cervical brace during flare-ups of neck pain. 10. Patient continues to self-manage his depression and anxiety symptomatology. 11. Continue home exercising and stretching as tolerated. 12. Follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NEUROSURGEON EVALUATION: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 179-180.

Decision rationale: The CA MTUS ACOEM guidelines state physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The PR-2 dated 07/16/2013 Final Determination Letter for IMR Case Number [REDACTED] documented objective findings of decreased range of motion and reported pain and symptoms with neck extension. However, the examination does not document the presence of any neurological deficit that would raise concern for nerve root compromise. In addition, the medical records do not establish the patient has a surgical lesion revealed on an imaging study. Consequently, the medical necessity of a neurosurgeon evaluation has not been established. Neurosurgical evaluation is non-certified.

1 PRESCRIPTION OF ZOLOFT 50MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Zoloft is recommended first-line treatment for depression for which the patient carries a diagnosis. Therefore, Zoloft is medically necessary and is certified.

1 CONSULTATION WITH NEUROSURGEON: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171,179-180.

Decision rationale: The CA MTUS ACOEM guidelines state referral for surgical consultation is indicated for patient who have 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. The patient previously had a neurological consultation in June 2012, and surgical intervention was not recommended. Diagnostic studies reviewed include MRI of head with and without contrast dated 06/12/2013 which noted no new lesions were identified. The medical records do not establish the patient has experienced an extreme progression of symptoms or disabling symptoms in the upper extremities. The PR-2 dated 07/16/2013 documented objective findings of decreased range of motion and reported pain and symptoms with neck extension. However, the examination does not document the presence of any neurological deficits on a physical examination, which would raise concern for nerve root compromise affecting the cervical spine. In addition, the medical records do not establish the patient has a surgical lesion revealed on an imaging study. Consequently, the medical necessity of a consultation with a neurosurgeon has not been established. Neurosurgery consultation is non-certified