

<b>Case Number:</b>	CM13-0018092		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology 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 physician 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.

### 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 65 year old man, injured in a MVA October 2012. He has had neck and shoulder pain and stiffness, reduced neck range of motion, muscle tenderness, and numbness. MRI has shown discogenic changes, facet hypertrophy, neuro-foraminal narrowing, and impingement on the cervical cord. No neurologic deficits are documented. No progressive symptoms are reported. Prior shoulder injection had reportedly helped in the right shoulder with temporary relief. Follow-up with neurosurgery and orthopedics was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with Orthopedic Surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines Page(s): 92,127.

**Decision rationale:** Per ACOEM, "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan."... "A practitioner may refer if diagnosis is uncertain or extremely complex, or when the plan of action may require additional expertise". If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may

be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections." - Prior shoulder injection had been done with temporary relief. Per Guidelines, addition injection can be approved for a total of 3. This plan of action can reasonably be best performed by an orthopedic surgeon, who has additional expertise.

**Follow-up with neurosurgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 92,127.

**Decision rationale:** Per ACOEM, "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan."... "A practitioner may refer if diagnosis is uncertain or extremely complex, or when the plan of action may require additional expertise". In the absence of red flags as describe in table 8-1, including weakness, reflex abnormalities, or other signs of spinal cord compromise, surgical intervention is not likely to be indicated. There is no indication from the records that that the diagnosis is extremely complex or that neurosurgical expertise is needed for management.