

Case Number:	CM13-0023525		
Date Assigned:	11/15/2013	Date of Injury:	05/27/2009
Decision Date:	01/09/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine & Rehabilitation, 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. 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 45-year-old female who reported a work related injury on 05/27/2009 that the patient attributed to the strenuous nature of her job related duties that included but were not limited to heavy lifting and operating machinery. The patient also received injuries while working in 2002 due to a fall which injured her cervical spine. The patient received other injuries at her job which she reported in 2009 and 2011. The patient's medications include Norco, Soma, ibuprofen, and anxiety medications. The patient's chief complaints are noted as cervical pain with radiculitis, right and left elbow pain, right and left wrist/hand pain, lumbosacral pain with sciatica, and right and left knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One evaluation and treatment with spine surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 66, 179-18, & 183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The progress report dated 07/31/2013 stated the patient presented regarding her multiple concerns. She reported neck pain with radiation and also complained of a lot of

difficulty sleeping, partly due to stress, partly due to neck pain, and not being able to get a contour. She continued to have GI upset as well. Physical exam revealed decreased range of motion of the cervical spine with radiation to the bilateral upper extremities as well as stiffness and spasm of the lumbar spine. Impression was noted as severe disc space narrowing at C5-6 with a 3 mm disc osteophyte complex indenting the anterior cord; also, a severe left and moderate right neural foraminal narrowing. The patient continued to have numbness and tingling in the bilateral upper extremities. [REDACTED], whom the patient saw as a QME had recommended cervical spine surgery. The impression also noted bilateral shoulder pain radiating down from the neck, left elbow lateral epicondylitis, possible bilateral hands carpal tunnel syndrome versus radiculopathy causing numbness and tingling in a C5-6 distribution, lumbar spine disc herniation at L4-5 and L5-S1 with evidence of radiculopathy, both by clinical and MRI, right knee patellofemoral pain syndrome, and multiple alleged nonorthopedic issues including anxiety and stress, psychological trauma, bowel and bladder symptoms, and burning sensation in the stomach. California MTUS Guidelines recommend within the first 3 months of onset of potentially work related acute neck and upper back symptoms, consider surgery only if the following are detected: severe spinal vertebral pathology and severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. Guidelines further state the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated in patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. In the documentation submitted for review, there was no evidence which indicated severe spinal vertebral pathology or severe debilitating symptoms with physiological evidence of specific nerve root or spinal cord dysfunction. In addition, it was noted the patient may be suffering from possible bilateral carpal tunnel syndrome versus radiculopathy causing numbness and tingling at the C5-6 distribution. Given the above, the prospective request for 1 evaluation and treatment with spine surgeon is non-certified.