

<b>Case Number:</b>	CM13-0026816		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 59-year-old female who reported an injury of unknown mechanism on 05/10/2013. On 08/01/2013, her diagnoses included cervical spine strain with radicular complaints, left shoulder/pericapsular strain and gastritis. An MRI of the left brachial plexus on 03/10/2014, revealed a normal MRI of the left brachial plexus. There was no evidence of brachial plexopathy, extrinsic vascular or mass compression. There were multiple mildly bulging degenerated discs from C3-4 down to C6-7, the largest occurring at the C6-7 level with effacement of the ventral and dorsal subarachnoid space. No significant central spinal canal stenosis. There was prominent 3-4 mm central posterior protrusion at T4-5. On 03/21/2014, the injured worker complained of intermittent moderate pain in her left arm and the left side of her neck with increased swelling on the left side of the body. Upon examination of the cervical spine, there was tenderness to palpation about the paracervical and trapezius musculature. There was a positive cervical distraction test with muscle spasms. There was mildly decreased range of motion in all fields and decreased light touch sensation at left C6-7. There was tenderness to palpation of the left shoulder around the trapezius musculature. On 06/13/2014, after having had a scalene block, she reported that it was helping to localize some of the pain rather than have her pain be diffusely out of control. She was undergoing physical therapy. The prescribing physician did not feel that the planned 6 PT sessions were going to be sufficient and the recommendation was to continue physical therapy twice a week for another 6 weeks. There was no rationale included in this injured worker's chart. A Request for Authorization dated 08/23/2013 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATION WITH AN ORTHOPEDIC SPINE SURGEON (CERVICAL):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The California MTUS/ACOEM Guidelines suggest that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate 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 select and refer to specialist who will support functional recovery as well as provide expert medical recommendations. The primary treating physician for this injured worker is a Diplomate of the American Board of Orthopedic Surgery and a fellow of the American Academy of Orthopedic Surgeons. It is unclear from the submitted documentation why a referral to a different orthopedic surgeon was medical necessary. Additionally, the MRI of the left brachial plexus of 03/10/2014 was normal MRI with no significant central canal stenosis of the cervical spine. Furthermore, the orthopedic surgeon whose name appeared on the Request for Authorization saw this injured worker on 06/13/2014. There were no recommendations for any type of surgical intervention. The need for a consultation with a second orthopedic surgeon was not clearly demonstrated in the submitted documentation. Therefore, this request for Consultation with an Orthopedic Spine Surgeon (Cervical) is not medically necessary.