

Case Number:	CM13-0029265		
Date Assigned:	03/19/2014	Date of Injury:	02/25/2013
Decision Date:	08/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/25/2013

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 New York. 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 45-year-old female who was injured on February 25, 2013. The patient continued to experience pain in her left neck and left shoulder. Physical examination was notable for decreased range of motion of the cervical spine, pain in the trapezius, multiple trigger points of spasticity. MRI of the cervical spine dated August 15, 2013 showed posterior disc protrusion at C4-5 with possible right nerve root impingement and posterior disc protrusion at C5-6 with spinal stenosis. Nerve conduction studies were compatible with bilateral severe carpal tunnel syndrome imposed upon a diffuse peripheral neuropathic process. Diagnoses included left shoulder rotator cuff tears, cervical nerve root impingement, and severe bilateral carpal tunnel syndrome. Treatment included physical therapy and medications. Request for authorization for consult Dr. Varshney for treatment of cervical spine was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT AND TREAT WITH ██████████ FOR THE CERVICAL SPINE:

Upheld

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

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

Decision rationale: Review indicates that [REDACTED] is a neurosurgeon. Referral for surgical consultation is indicated in patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; 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; or unresolved radicular symptoms after receiving conservative treatment. In this case the patient's symptoms are not consistent with radiculopathy. There are no documented motor or sensory deficits. The patient's MRI results are inconsistent with the physical examination and are not corroborated by the nerve conduction studies. There is no indication for surgical referral. The request is not medically necessary.