MAXIMUS Federal Services

Case Number:	CM13-0043087		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2010
Decision Date:	03/05/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery and is licensed to practice in New York, New Hampshire and Washington State. 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 has a long history of chronic neck pain and arm pain with headaches. The patient has had extensive nonoperative care including medications, physical therapy and 2 epidural steroid injections. Diagnoses include cervical strain, thoracic strain, degenerative cervical disc, and cervical radiculopathy. The patient complains of neck pain and numbness involving the ulnar 3 digits with weakness of the left arm. Physical examination showed tenderness to palpation of the lower cervical spine as well as the left trapezius muscle. Reflexes are 1+ at the biceps and triceps but the left triceps reflex is absent. Sensation is intact in the bilateral upper lower extremities. Spurling's maneuver is positive on the left side. The patient has had 2 epidural steroid injections. The first one provided 70% relief for 3 months while the second did not help. MRI the cervical spine shows foraminal stenosis on the left side at C4-5, bilateral foraminal stenosis at C5-6. Degenerative disc condition is present at C4-5 and C5-6. X-rays of cervical spine from December 2012 show loss of cervical lordosis but no evidence of instability. The degenerative disc condition at C4-5 C5-6 EMG nerve conduction studies in June 2011 showed evidence of mild left carpal tunnel syndrome. There was no electrodiagnostic evidence of cervical radiculopathy. At issue is whether follow-up with orthopedic spine specialist is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Orthopedic Spine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM Practice Guidelines, 2nd Edition (2004), pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM Practice Guidelines, 2nd Edition (2004), pg 127.

Decision rationale: This patient has not been established criteria for referral to a spine specialist. The patient is a 3 year history of neck and left-sided trapezial pain with suboccipital headaches. The patient has documented degenerative changes in the cervical and spine without evidence of myelopathy or radiculopathy. The patient has had 2 epidural steroid injections and the last one did not provide relief. In addition, the patient had electrodiagnostic evidence of mild left carpal tunnel syndrome without cervical radiculopathy. MRI imaging dated August 2013 documented foraminal stenosis on the left side at C4-5 and bilaterally at C5-6. The physical exam does not document any evidence of cervical radiculopathy. Imaging studies do not document any evidence of instability. The medical records do not document any evidence of concern for tumor fracture or neurologic deficit. The medical records do not contain any compelling information to establish a medical necessity for orthopedic spinal surgery consultation. Therefore the request for orthopedic spine consultation is not medically necessary.