

<b>Case Number:</b>	CM13-0054958		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Spine Surgery, 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 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 52-year-old female who reported an injury on 11/03/2008 due to a slip and fall that reportedly caused injury to multiple body parts to include the cervical spine. The patient's treatment history included surgical intervention for the shoulder followed by postoperative physical therapy and medication management. The patient's most recent clinical evaluation noted that the patient had cervical tightness in the paracervical musculature. Patient underwent an electrodiagnostic study in 05/2013 that did not provide any evidence of cervical radiculopathy or plexopathy. The clinical documentation did indicate that the patient underwent an MRI of the cervical spine. However, this was not provided for review. The patient's diagnosis included shoulder pain. The patient's treatment plan included cognitive behavioral therapy, continuation of medications, a neurosurgeon consultation for evaluation of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurosurgeon consult - Cervical Spine:** 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), Chapter 7) pg. 127, regarding Independent Medical Examinations and Consultations.

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

**Decision rationale:** The requested neurosurgeon consultation for the cervical spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical consultations for patients who have radicular symptoms that do not respond to conservative treatments or there is evidence of red flag diagnoses. The clinical documentation submitted for review does not provide any evidence of radiculopathy. Additionally, there is no documentation that the employee has had any conservative treatment directed towards the cervical spine. The clinical documentation did not include an imaging study to support the need for surgical intervention. As such, the requested neurosurgeon consult for the cervical spine is not medically necessary or appropriate.