

<b>Case Number:</b>	CM13-0055377		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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 has submitted a claim for neck pain with an industrial injury date of April 7, 2011. Treatment to date has included medications and right shoulder arthroscopy. Medical records from 2013 were reviewed, which showed that the patient complained of neck pain following a right shoulder injury. On physical examination, there was full cervical range of motion with some mild right paracervical tenderness. No spasm was noted. Examination of the shoulder showed no significant atrophy and had an almost full range of motion. No instability was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A CONSULTATION WITH A SPINE SPECIALIST FOR THE CERVICAL SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, pages 127 and 156.

**Decision rationale:** According to ACOEM Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex,

when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, there was no discussion regarding the indication for referral to a Spine specialist. Although the patient complained of neck pain, only mild paracervical tenderness was seen on physical examination. The reports did not show uncertainty or complexity of the diagnosis that may warrant a referral to a Spine specialist. Therefore, the request for a consultation with a spine specialist for the cervical spine is not medically necessary.