

<b>Case Number:</b>	CM13-0063892		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Neurological Surgery and is licensed to practice in Georgia & Virginia. 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 74-year-old female who reported an injury on 02/15/2002. The mechanism of injury was continuous trauma. The diagnosis included cervical strain with right cervical radiculitis, secondary cervical torticollis, spasmodic torticollis, anxiety, and depression. The past treatments and surgeries were not included. An MRI of the cervical spine, dated 03/30/2012, revealed extensive spondylitic changes, moderate neural foraminal narrowing at C3-4, moderate to severe bilateral neural foraminal narrowing at C5-6, with mild canal stenosis, a posterior disc bulge at C6-7, and severe right and moderate left neural foraminal narrowing at C7-T1. The progress note, dated 09/20/2013 (there are no more recent notes provided), noted the injured worker complained of neck pain with tingling and radiation to her right shoulder/upper. The physical exam noted moderate right sided torticollis, paracervical muscle spasms, flexion to 70% of normal, extension to 40% of normal, right lateral flexion to 60% of normal, and left lateral flexion to 50% of normal, a Spurling's test was negative, and sensation was normal. The medications were not included. The treatment plan requested to authorize a neurosurgery consultation due to the persistent intractable right sided radiculopathy that had lasted greater than 1 month without response to conservative care in the past. The physician also requested an updated MRI, Botox injections to the sternoclavicular mastoid, Tylenol No. 3, Cogentin, and the use of a cervical collar during flare ups of pain. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **NEUROSURGERY CONSULTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Independent Medical Exams Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The request for a neurosurgery consultation is not medically necessary. In 09/2013, the injured worker had neck pain radiating to her right shoulder/upper arm, with decreased range of motion, normal sensation to her upper extremities, and a negative Spurling's test. The California MTUS Guidelines recommend a surgical consultation for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month, or with extreme progression of symptoms, clear clinical evidence, with imaging and electrophysiological results which consistently indicate a lesion that has been shown to benefit from surgical repair in both the short and long term, or unresolved radicular symptoms after receiving conservative treatments. Patients with acute neck or upper back pain alone, without findings of serious condition or significant nerve root compromise rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehab specialist may help resolve symptoms. Surgery increases the likelihood that patients will have to have future procedures with higher complication rates. There is no indication of the injured worker's current condition, as there is no documentation provided after 09/2013. There is no indication of persistent, severe, or disabling symptoms. There is no indication of extreme progression of symptoms. There is a lack of corroboration of the clinical evidence with the imaging provided. There is a lack of evidence of radiculopathy, as the strength and sensation were noted to be normal, and the quality and severity of pain were not documented. There is a lack of evidence of failed conservative treatments. Given the previous, a neurosurgery consultation is not indicated at this time. Therefore, the request is not medically necessary.