

<b>Case Number:</b>	CM14-0008643		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	01/14/2003
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 is a 55 year-old female who was injured on 1/14/2003. She has been diagnosed with neck pain; s/p right shoulder lysis of adhesions for adhesive capsulitis on 4/12/13, s/p left shoulder lysis of adhesions for adhesive capsulitis on 10/27/13 and 9/20/13; bilateral adhesive capsulitis of the shoulder; bilateral TOS s/p left TOS surgery on 3/19/09; s/p C5/6 ACDF on 2/23/05; s/p left arthroscopic surgery 9/23/03; and chronic opioid use. According to the 12/16/13 report, the patient has decreased OxyContin to 40mg 3/day. The therapist felt the neck and upper shoulder tightness may be coming from the neck. On exam sensory was intact, there was 4/5 strength in both upper extremities. The physician recommended spine surgery consult for the cervical spine based on the physical therapists comments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINE CONSULT QTY: 1.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The patient has neck and upper extremity symptoms with history of prior surgery on the cervical spine as well as surgeries to her upper extremities. The case is complicated, and it is not clear where the pain generators are. ACOEM states a referral can be made to other specialists "when the plan or course of care may benefit from additional expertise." The consultation with the spine specialist appears to be in accordance with ACOEM and can potentially move the case forward. The request for a Spine Consult is medically necessary.