

<b>Case Number:</b>	CM14-0011861		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Occupational Medicine 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:

Patient is a 56 year-old male with date of injury 04/29/2013. The medical record associated with the request for authorization, a primary treating physician's progress report dated 01/13/2014 that lists subjective complaints as neck and arm pain. The patient complains that his upper neck and shoulders swell up by Friday each week. He rates his pain as a 10/10 in intensity without pain medications and a 7/10 with pain medications. He describes numbing and burning of both wrists and aching of her posterior neck, bilateral trapezius, interscapular region, and left hip. Examination of the cervical spine revealed paraspinal and trapezius muscles were swollen. The patient had 5/5 bilateral upper extremity strength and sensation was intact and equal. Spurling's sign was positive bilaterally and Hoffman's test was negative bilaterally. There was tenderness over the cervical paraspinals and trapezius and over the facet joints. Cervical spine range of motion was reduced bilaterally. Diagnosis is carpal tunnel syndrome, degenerative disc disease, and cervical neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult with Herbologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

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

**Decision rationale:** According to the MTUS, a specialty consultation is obtained to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consult it is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Medical record contains no documentation to support consultation with a herbologist. Therefore, consult with Herbologist is not medically necessary.