

<b>Case Number:</b>	CM14-0013582		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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, and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on October 16, 2013. The mechanism of injury was lifting. Per the progress note dated January 13, 2014, the injured worker's condition was reported to have improved with conservative care. The injured worker had less symptomatology since the last report and measurable functional improvement. The injured worker reported neck, left shoulder, left arm, left hand, left finger, and lower back radiating into the right leg to the foot pain and general stiffness, stress, anxiety, depression, headaches. The injured worker reported decreased neck pain that was intermittent to constant at 6/10 to 7/10 and radiated into the left arm with no continuation into the 3rd and 4th digits. Mid back pain was decreased and intermittent 4/10 to 6/10 with spasms in the upper shoulders. Low back pain was intermittent 5/10 to 6/10 with spasms and radiation into the right leg. Lower extremity radiation to the right leg was occasional to intermittent with 4/10 to 5/10 for pain level. On physical exam biceps, brachioradialis, and triceps had +2 tendon reflexes. Pinwheel sensations were normal except for decrease from C8-T1 on the left. Pinwheel sensations over the lumbar spine were normal except for L5-S1 decrease on the right. Valsalva's test was positive for cervical spine. Palpation of the cervical spine elicited pain response with digital pressure at C2, C5, C6 and C7 vertebrae. For the lumbar spine, Kemp's, Trendelenburg's were positive on the right. Heel standing and toe standing were negative. Fabere-Patrick's test was negative. The straight leg raise and Ely's test were positive. MRI of the complete spine revealed mild uncovertebral arthrosis with IVF encroachment on the right at C5-6 and discogenic spondylosis at C5-6. Discogenic spondylosis was noted throughout the mid to lower thoracic spine and at T12-L1. The lumbar spine noted facet arthrosis at L5-S1. The physician stated that overall the patient had less symptomatology since the last report and measurable functional improvement. Diagnoses for the injured worker included cervical sprain/strain, neuritis, radiculitis,

cervicobrachial, lumbar spine sprain/strain, lumbosacral neuritis radiculitis, carpal tunnel syndrome, epicondylitis, sprain/strain of the left shoulder, rotator cuff syndrome, thoracic sprain/strain, and headache tension. The Request for Authorization for medical treatment for orthopedic consultation was dated January 13, 2014. The consultation was requested by the primary physician stating the injured worker requires a multidisciplinary approach, and needs an evaluation for management to dispense medication and evaluate the upper left extremity and per requested opinion on the MRI of the spine and upper left extremity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ORTHOPEDIC CONSULTATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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

**Decision rationale:** The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines states the occupational 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be made for consultation 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. According to the documentation provided the injured worker was noted to have a decrease in symptoms and an increase in functionality. The documentation submitted did not indicate the injured worker had a change in findings that would support the need for an orthopedic consultation.