

<b>Case Number:</b>	CM14-0015489		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 & Rehabilitation 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 25-year-old female who has submitted a claim for multi-level cervical spine disc bulge with superficial cyst at trapezius, thoracic outlet syndrome, and left shoulder rotator cuff tendinopathy status-post arthroscopy associated with a continuous industrial injury from 08/10/2010 to 08/10/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of cervical and left shoulder pain graded 7/10 in severity. Physical examination revealed tenderness and muscle spasm at the cervical area. Range of motion of the cervical spine and left shoulder were restricted on all planes. Muscle testing of left wrist extensor was graded 4/5. Jamar hand dynamometer testing showed a right hand grip of 75/75/80, compared to 5 pounds at left hand. Median nerve tension at the left reproduced symptoms. Reflexes were normal. Sensation was diminished at bilateral trapezius. There was a mobile cyst at the left trapezius, approximately 3 mm in diameter. Mood was depressed and anxious. Treatment to date has included left shoulder arthroscopy on 06/02/2014, physical therapy, home exercise program, steroid injections, scalene block, Botox injection, use of a TENS (Transcutaneous Electric Nerve Stimulation) unit, and medications such as Neurontin, Norco, and Motrin. Utilization review from 01/24/2014 denied the requests for diagnostic test ultrasound of cyst/cervical spine because it is unclear if an attempt to aspirate the cyst was done, specialist referral neurosurgery and psychology because medical necessity was lacking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of cyst/cervical spine:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Efficacy of Diagnostic Ultrasonography of Lipomas, Epidermal Cysts, and Ganglions, JAMA Dermatology July 2009, Vol 145, No. 7 (<http://archderm.jamanetwork.com/article.aspx?articleid=712117>).

**Decision rationale:** The CA MTUS does not specifically address the topic concerning diagnostic ultrasound for cystic lesions. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article entitled Efficacy of Diagnostic Ultrasonography of Lipomas, Epidermal Cysts, and Ganglions, was used instead. It states that ultrasonography is an important diagnostic tool. The data strongly support the usefulness of ultrasonography for the preoperative diagnosis of subcutaneous benign lesions, including epidermal cyst. Some small subcutaneous benign lesions may be removed in an in-office procedure. However, when the diagnosis is uncertain, patients with very small lesions are typically referred to a hospital for surgery. In this case, patient has a mobile cyst at the left trapezius, approximately 3 mm in diameter. Ultrasound is a reasonable procedure for accurately diagnosing such lesion. The medical necessity has been established. Therefore, the request for Ultrasound of cyst/cervical spine is medically necessary and appropriate.

**Referral to Neurosurgery specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7 Independent Medical Examination and Consultation, 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:** As stated on page 127 of the ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the medical records did not reveal uncertainty or complexity of issues requiring a neurosurgical consult. Patient has multi-level cervical spine disc bulge; however, an orthopedic surgeon is already seeing her in this regard. Furthermore, there was no indication of medical problems concerning the brain, which may necessitate a consult. There is no clear rationale for the requested service; therefore, the request for Referral to Neurosurgery specialist is not medically necessary and appropriate.