

<b>Case Number:</b>	CM14-0123687		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Orthopedic Surgery, 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:

37 year old male claimant with an industrial injury dated 01/11/13. Exam note 06/13/14 states the patient returns with left hand and neck numbness. The patient reports a constant numbness in the left hand; along with chronic headaches, insomnia, and nightmares. The patient explains that the medications do help with pain relief. Upon physical exam there was inconsistent reduced pinprick sensation in the left hand and right hand. Upon the sensory exam it is noted that there is a questionable cervical C6 radiculopathy on the left. The EMG demonstrated a right and left sided median neuropathy. The patient explains that the chiropractic sessions have provided benefit to his recovery. Treatment includes an MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Pain Procedure

**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, page 127

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records from 6/13/14 not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the determination is not medically necessary.