

Case Number:	CM14-0124784		
Date Assigned:	08/08/2014	Date of Injury:	08/02/2013
Decision Date:	09/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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 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:

The claimant was injured on 08/02/03. A neurosurgical consultation is under review. The claimant has a diagnosis of cervical and lumbar sprain with disc protrusion, bilateral shoulder sprain with before meals osteoarthritis and tendinitis and gastritis due to NSAIDs. He has had physical therapy, chiropractic care, medications and at least 7 shockwave treatments. An MRI of the lumbar spine dated 12/10/13 that demonstrated nonspecific straightening. There is posterior annular tear in the intervertebral disc at L3-4 with a 3 mm posterior disc bulge causing mild canal stenosis. There is bilateral exiting nerve root compromise. There was a 2 mm posterior disc bulge at L4/5 without evidence of stenosis or narrowing. He underwent an MRI of the cervical spine on 12/10/13 that demonstrated spondylosis. There was diffuse foraminal narrowing with compromise of multiple nerve roots. He also had MRIs of the shoulders that showed tendinitis and osteoarthritis. He has reported ongoing pain. On 02/03/14, he reported ongoing activity limitations. He had constant pain. Physical examination revealed normal reflexes at the knees, hamstrings, and ankles. Heel and toe walk was negative. He had no sensation changes. There was no weakness. A diagnostic lumbar epidural steroid injection was recommended at L3-4 and L4-5. He had lumbar pain in a radicular pain distribution that was unresponsive to conservative treatment including home exercises, physical therapy, and anti-inflammatories for 4-6 weeks prior to this exam. On 03/24/14, he reported intermittent pain in his neck traveling to the right shoulder. He had occasional numbness and tingling in his right arm and hand. He had intermittent pain in the low back. He had occasional numbness and tingling in his back and thighs. He was attending chiropractic and acupuncture. His pain was reduced with rest, activity modification, cold, and ice. He had an MRI of the cervical spine that showed multilevel neural foraminal narrowing with exiting nerve root compromise at C4-5, C5-6. and C7-T1. He was diagnosed with displacement of lumbar and cervical disks. A lumbar epidural steroid injection

was recommended. A cold unit, lumbar exercise kit, and lumbar LSO were ordered by [REDACTED] on 04/14/14; [REDACTED] recommended that he see a neurosurgeon. Pain management and physical therapy were recommended. There are handwritten notes that are difficult to follow but no clear neurologic deficits are noted. On 06/09/14, again the referral was recommended. Psych treatment and biofeedback were recommended along with pain management, an internal medicine consult and acupuncture. The specific indication for a neurosurgery consultation is not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

NeuroSurgical referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines - Lumbar Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for a neurosurgical referral. The MTUS states referral for surgical consultation is indicated for patients who have: -Persistent, severe, and disabling shoulder or arm symptoms. Activity limitation for more than one month or with extreme progression of symptoms. Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. Unresolved radicular symptoms after receiving conservative treatment The specific indication for this type of referral has not been stated in the records and none can be ascertained from the file. There is no clear evidence of neurologic compromise on physical examination. It is not clear whether the referral is for the cervical spine or lumbar spine. The medical necessity of a neurosurgery consultation has not been clearly demonstrated under these circumstances.