

<b>Case Number:</b>	CM14-0020310		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 67-year-old male who reported an injury on 10/02/2012. The injury was reportedly related to a motor vehicle incident involving a semi the injured worker was driving. Per the clinical note dated 12/27/2013, the injured worker reported constant moderate to severe neck pain and stiffness as well as moderate to severe pain in bilateral shoulders. On physical exam, there was pain with cervical range of motion, 3+ tenderness to palpation and muscle spasm of cervical paravertebral muscles and bilateral trapezii. Neer's and Hawkin's tests were positive for bilateral shoulders. The diagnoses for the injured worker included cervical disc protrusion, cervical facet arthropathy and hypertrophy, cervical muscle spasm, cervical foraminal narrowing, bursitis and impingement syndrome of bilateral shoulders, acromioclavicular joint arthrosis bilaterally, and bilateral rotator cuff tear. Per the clinical note dated 11/11/2013 the injured worker attended physical therapy 3 times a week for several weeks for his shoulder pain without any relief of symptoms. The injured worker had 12 acupuncture treatments with temporary partial relief of symptoms. The injured worker had two steroid injections to his right shoulder and one steroid injection to his left shoulder which provided temporary partial relief of symptoms. The injured worker also had a trial with a transcutaneous electrical nerve stimulation (TENS) unit that he stated made the pain worse. The injured worker was referred to a chiropractor who then referred him to the orthopedic and neurosurgeons. The request for authorization for medical treatment was dated 12/27/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **FOLLOW UP WITH ORTHOPEDIC SURGEON: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

**Decision rationale:** Per ACOEM Guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. 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 course of care may benefit from additional expertise. A referral may be for consultation to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, or for determination of fitness for return to work. In this case, there is a lack of documentation regarding a change in the injured worker's condition or any evidence of progressive clinical findings to indicate a need for a follow up with the orthopedic surgeon. Therefore, the request for follow up with the orthopedic surgeon is non-certified.

## **FOLLOW UP WITH NEUROSURGEON: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

**Decision rationale:** PPer ACOEM Guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. 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 course of care may benefit from additional expertise. A referral may be for consultation to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, or for determination of fitness for return to work. In this case, there is a lack of documentation regarding progressive neurologic deficits or progressive clinical findings to indicate the need to see a neurosurgeon. Therefore, the request for the follow up with the neurosurgeon is non-certified.

