

<b>Case Number:</b>	CM14-0027651		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Internal 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:

Patient is an injured worker with right shoulder pain and neck pain with a date of injury of 12/02/2012. Worker's compensation progress evaluation report 01/29/2014 was provided by [REDACTED]. Patient complains of right shoulder pain, neck pain, intermittent right arm/hand pain. Objective cervical spine (C/S): thrombotic thrombocytopenic purpura (TTP) at paraspinal muscles. Right Trap spasms. Normal deep tendon reflexes (DTRs) of the upper extremities (UE). Range of Motion (ROM): flexion 35, extension 30, lateral flexion 35, rotation 60. Diagnoses: cervical spine spasms and pains with right arm radiculopathy, Right shoulder rotator cuff tear. Progress report 01/29/2014 documented: "Patient declined Pain Management referral today to discuss cervical spine (CS) epidural injections." Progress report 11/18/2013 documented: "Patient declined Pain Management referral today to discuss CS epidural injections." Orthopedic evaluation report 01/25/14 was performed by orthopedic surgeon [REDACTED]. Assessment: lumbalgia; cervicgia; spinal stenosis cervical; shoulder arthritis; rotator cuff syndrome - shoulder; adhesive capsulitis - shoulder; shoulder tendinitis. [REDACTED] recommended shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle resection, and biceps surgery. Worker's compensation progress evaluation report dated 01/29/2014 documented the results of cervical spine MRI performed 06-10-2013. Magnetic resonance imaging (MRI) of the cervical spine done 6/10/2013: Minimal spondylitic changes and mild lordosis. Otherwise, normal MRI results. Electromyogram (EMG) and nerve conduction study (NCS) of bilateral upper extremities was performed 01/09/2014. Impression: The electrodiagnostic study reveals evidence of moderate, right greater than left carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components. The study reveals no evidence of cervical radiculopathy. Utilization review dated 01-31-2014 recommended non-certification of the request for consult with spine specialist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULT WITH SPINE SPECIALIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, Page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. 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:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) states: The American Academy of Neurology recently concluded that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints addresses surgical considerations (Page 179-180). Consider surgery only if the following are detected: severe spinal vertebrae pathology; and physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. Referral for surgical consultation is indicated for patients who have 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. Progress report 01/29/2014 documented "Patient declined Pain Management referral today to discuss CS epidural injections." Progress report 11/18/2013 documented "Patient declined Pain Management referral today to discuss CS epidural injections." Progress report dated 01/29/2014 documented the results of cervical spine MRI performed 06-10-2013. MRI CS done 6/10/2013: Minimal spondylitic changes and mild lordosis. Otherwise, normal MRI results. EMG and NCS of bilateral upper extremities were performed 01/09/2014. Impression: The electrodiagnostic study reveals evidence of moderate, right greater than left carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components. The study reveals no evidence of cervical radiculopathy. EMG and NCS revealed no evidence of cervical radiculopathy. MRI of the cervical spine did not report significant pathology. Patient declined Pain Management referral to discuss CS epidural injections. MTUS and ACOEM guidelines and medical records do not support the medical necessity for spine specialist consultation. Therefore, the request for consult with spine specialist is not medically necessary.