

Case Number:	CM14-0029928		
Date Assigned:	06/20/2014	Date of Injury:	11/07/2012
Decision Date:	07/22/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas. 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 28 year old female who was injured on 11/07/12; she was dragged by a horse that she was riding while holding onto the reins with her left arm. She developed left-sided neck pain and left shoulder pain. The injured worker had an MRI of her cervical spine on 01/08/13. Large disc protrusion at C4-5 of up to 4.5 millimeter anteroposterior (AP) dimension centered right at midline which exerts a mass effect on the spinal cord and produces severe spinal stenosis. This is exacerbated by congenital shallow spinal canal. MRI report of left shoulder dated 01/08/13 Negative left shoulder MRI scan. No evidence of rotator cuff tear, occult fracture or labral pathology. The rotator cuff is clearly intact. The injured worker had a neurosurgical consult on 02/04/13, surgery at that time was not recommended and conservative treatment was recommended. The injured worker did develop some left adhesive capsulitis, and then went to physical therapy for that. No documentation on how she fared with the physical therapy. Because of continuation of cervical discomfort and then bilateral upper extremity symptoms new MRI dated 01/06/14 showed prominent broad-based right paramedian disc protrusions at C4 and C5. Slight progression in the degenerative disc disease at C3-4 and C5-6. Congenitally, short pedicles with developmental shallow spinal canal. Electrodiagnostic studies were ordered, no reports to review. Progress notes on 01/22/14 the patient complained of neck pain, right and left arm numbness and weakness. Medications: Lexapro. Physical examinations tender to palpations left paracervical region and left trapezius, medial scapular blade. Normal range of motion in all planes on the cervical spine. Sensation is intact to light touch in both upper extremities. Reflexes in upper extremities are too close and symmetrical, Muscle strength in upper extremities is rated on the right triceps 4/5 all other muscles are rated 5/5. Muscle strength in the left upper extremity biceps 4/5, triceps 4/5, and wrist extensors 4/5. Normal gait. Diagnoses C4-5 herniated disc.

Stenosis, cervical C4-5 severe, moderate C3-4. Prior utilization review 02/11/2014 was non-certified for second opinion with a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion with a neurologist: Upheld

Claims Administrator guideline: The Claims Administrator 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.

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: The clinical documentation submitted for review does not support the request for second opinion. The electrodiagnostic report is not available for review. Based on physical examination, symptoms are the result of the C4/5 disc herniation, and severe spinal stenosis at C4/5. Therefore, the request for a second opinion with a neurologist is not medically necessary.