

<b>Case Number:</b>	CM14-0046136		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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:

According to the records made available for review, this is a 51-year-old female with a 9/6/11 date of injury, status post fusion C4-5 and C5-6 (undated), and status post anterior discectomy with bilateral foraminotomies and cervical disc fusion C3-4 and C6-7 (7/9/13). At the time (3/25/14) of request for authorization for Consult and evaluation with [REDACTED] (2nd opinion), there is documentation of subjective complaints including shoulder pain and back pain radiating down both legs. Objective findings include restricted range of motion in left shoulder with pain, no frank motor deficits in upper extremities, numbness in thumb, index, and long fingers on the left side, tenderness to palpation in cervical spine, limited lumbar range of motion, positive straight leg raise at 90 degrees sitting on the right, and no motor or sensory deficits in lower extremities. Current diagnoses are left shoulder capsulitis, cervical pseudarthrosis status post revision fusion, and lumbar degenerative disc disease with stenosis and radiculopathy. Treatment to date has been surgery, physical therapy, and medications including Oxycodone. 3/12/14 medical report indicates a rationale for a second opinion surgical consult as patient did not feel comfortable with [REDACTED] recommendations. There is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult and evaluation with [REDACTED] (2nd opinion): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Independent Medical Examinations and consultations, page(s) 127.

**Decision rationale:** Within the medical information available for review, there is documentation of diagnoses of left shoulder capsulitis, cervical pseudarthrosis status post fusion revision, and lumbar degenerative disc disease with stenosis and radiculopathy. However, despite documentation of a rationale for a second opinion surgical consult as patient did not feel comfortable with [REDACTED] recommendations, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for consult and evaluation with 2nd opinion is not medically necessary.