

Case Number:	CM14-0054299		
Date Assigned:	07/07/2014	Date of Injury:	07/19/2011
Decision Date:	08/14/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/23/2014

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 Orthopedic Surgery has a subspecialty in Orthopedic Sports 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 42 year old female who had a work related injury on 07/19/11. There was no documentation of mechanism of injury. Areas claiming injury were cervical spine, right wrist, and lumbar spine. Most recent medical record dated 03/18/14, the injured worker presented to the clinic with complaints of neck pain, right wrist pain and low back pain all rated 9/10. She also reported somatic rash and tingling of the right lower extremity to the foot. The injured worker was treated with chiropractic, anti-inflammatories, topical analgesics, hydrocodone and home exercise program. Physical examination of the cervical spine, palpation elicited tenderness of paracervical muscles bilaterally. Flexion of cervical spine 40 degrees. Extension 50 degrees. Rotation to right and left 70 degrees. Lateral bending to right and left 40 degrees. Range of motion limited by pain in all directions. Shoulder depressor test positive bilaterally. Lumbar spine examination, tenderness to palpation of paralumbar muscles bilaterally. Flexion of lumbar spine 40 degrees. Extension 18 degrees. Lateral bending to right and left 18 degrees. Minors sign produced right sided low back pain. Valsalva maneuver present. Kemp test positive for right sided low back pain. Straight leg raise testing in supine position positive at 50 degrees on the right. Wrist examination palmarflexion and dorsiflexion of right wrist 40 degrees. Abduction 10 degrees. Adduction 15 degrees. Phalen and Tinel and Finklestein positive on right. Reflexes 2+ in upper extremities. Strength in upper extremities rated 5/5 to manual motor testing. Lower extremities reflexes 2+ and symmetrical. Strength rated 5/5 in lower extremities with exception of hip flexors on right rated 5- sign/5. Diagnosis cervical disc syndrome. Right wrist carpal tunnel syndrome. Lumbar disc syndrome. Insomnia, hypertension. No electrodiagnostic studies or magnetic resonance image, computerized tomography scans or x-ray reports submitted for review. Prior utilization review dated 04/04/14 non-certified neurosurgical spine consult, internal medicine follow up consult, and pain management consultation. Electromyogram/nerve

conduction velocity of right upper extremity and bilateral lower extremities on 05/29/13 demonstrated entrapment neuropathy of median nerve at the right wrist with moderate slowing of nerve conduction velocity (carpal tunnel syndrome). There was no evidence of entrapment neuropathy of the right ulnar or radial nerves and no evidence to support radiculopathy in the right upper extremity. The study of the lower extremities was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgical Spine Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 305. Decision based on Non-MTUS Citation ACOEM 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(s) 127.

Decision rationale: The clinical documentation submitted for review does not support the request for the consult. There is no documentation of progressive neurological deficits. No imaging studies submitted for review, electromyogram/nerve conduction velocity study noted in prior utilization review, did not reveal a radiculopathy, but moderate carpal tunnel syndrome. Therefore, the request for neurosurgical spine consult is not medically necessary and appropriate.

Internal Medicine Follow-up Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; office visits.

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 and the Official Disability Guidelines (ODG) Pain chapter, Office visits.

Decision rationale: The clinical documentation submitted for review does not support the request for the internal medicine consult. There has been no initial consultation submitted for review, so it is unclear as to why the injured worker would need a follow-up visit. Therefore, due to the lack of clinical documentation submitted for review, request for internal medicine follow-up consultation is not medically necessary and appropriate.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

Decision rationale: The clinical documentation does not support the request for the consult. There is no documentation for the reason for the request for pain management. Therefore the request for pain management consultation is not medically necessary and appropriate.