

<b>Case Number:</b>	CM14-0063089		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/02/1998
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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 56 year old female who reported an injury on 09/02/98 when she injured her cervical region. The clinical note dated 03/31/14 indicates the injured worker complaining of neck pain with radiation pain into her right upper extremity. The note does indicate the injured worker experiencing spasms in the cervical region. 4/5 strength was identified throughout the right hand and wrist, specifically with the flexion extension. The clinical note dated 04/22/13 indicates the injured worker demonstrating range of motion deficits throughout the cervical spine. The note does indicate the injured worker having a positive Spurling's exam. The clinical note dated 10/24/13 indicates the injured worker continued with ongoing neck pain with radiating pain into the right upper extremity. The injured worker also reported numbness and tingling in the right arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Consultation with Internal Medicine Physician as an Outpatient: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, 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) Independent Medical Examination (IME) and Consultations, page 127.

**Decision rationale:** The injured worker has complaints of neck pain with radiation pain into her right upper extremity. Consultations are indicated for patient in need of diagnosis, prognosis, therapeutic management, determination of medical stability. The submitted documentation indicates the injured worker having been treated to date with medications. There is an indication the injured worker has a positive Spurling's sign along with ongoing numbness and tingling. With this information, it appears the injured worker would likely benefit from additional treatments. Therefore, in order to provide a more thorough pathway, a consult is indicated as reasonable. The request for an internal medicine consultation is not medically necessary.