

<b>Case Number:</b>	CM14-0068156		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and 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 51 year old female who sustained an injury on 4/2/12 to her neck while performing her usual and customary duties as a life insurance agent. She developed pain in her neck extending into the right shoulder and down the right arm, as well as pain and numbness in the bilateral hands/wrists. Plain radiographs were obtained on 05/22/12 and the injured worker was referred for physical therapy, which provided no benefit. MRI of the cervical spine dated 08/09/12 was obtained as well as electrodiagnostic studies. The injured worker underwent bilateral carpal tunnel release surgeries, right in December of 2012, left in February of 2013. MRI of the cervical spine on 01/06/14 revealed status post C5 through C6 fusion with associated strophic and T2 weights hyperintense cord which is likely chronic myelomalacia; cervical spondylosis resulting in spinal stenosis at C4 to C5 through C6 to C7 and neuroforaminal narrowing throughout except for C7 to T1. The injured worker was recommended for revision fusion at these levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiatry Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, p. 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Office visits.

**Decision rationale:** The previous request was denied on the basis that physical examination noted weakness on the right at C8 and T1. The weakness is not quantified any further and it is not entirely clear if this is a new or older finding. At the time, it was suggested to proceed first with postoperative physical therapy and then the injured worker can be monitored for any changes that may merit urgent consultation. Therefore, the request was not deemed as medically appropriate, pending completion of physical therapy. There was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request for psychiatry consultation is not indicated as medically necessary.