

<b>Case Number:</b>	CM14-0078284		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Orthopaedic Surgery 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:

This 56-year-old male carpenter sustained an industrial injury on 11/15/10. Injury occurred while the patient was carrying a 40-50 pound speaker overhead. The speaker caught on the left side and fell onto the top of his head. The 3/15/13 electromyography (EMG)/nerve conduction study showed evidence of left carpal tunnel syndrome but no evidence of cervical radiculopathy. The 3/29/13 cervical magnetic resonance imaging (MRI) documented disc protrusions at C4-5, C5-6, and C6-7, with neuroforaminal narrowing at C6-7. There was no definitive cord compression. The 3/21/14 treating physician report cited increasing grade 7-10/10 neck pain with clicking, burning, grinding, stiffness, stabbing, and popping sensation. Upper extremity sensation, reflexes, and strength were normal. There was right cervicothoracic muscle tenderness and spasms. Cervical flexion was 55, extension 40, right lateral flexion 20, left lateral flexion 15, right rotation 70, and left rotation 75 degrees. There was a positive Spurling's test on the left. Records indicated that the patient had failed conservative treatment with continued cervical symptoms. The diagnosis was right neck and intrascapular pain, moderate to moderately severe degenerative disc disease C5-C7, moderate cervical spondylosis C6/7, and C4/5, C5/6, and C6/7 herniated nucleus pulposus. The treatment plan recommended consult and treatment with orthopedic spine surgeon for C4-7 neck fusion. The 4/28/14 utilization review modified the request for consult and treat with an orthopedic spine surgeon to a consult. Any treatment recommendations from this consult may be subject to utilization review for medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult and treat with orthopedic spine surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** The ACOEM guidelines state that referral for surgical consultation is indicated for patients who have: persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term; and, unresolved radicular symptoms after receiving conservative treatment. Guideline criteria have been met. Records indicate that patient has persistent severe neck and shoulder pain with associated functional loss. There is imaging evidence of disc herniation, neuroforaminal narrowing, and degenerative disc disease. The patient has reportedly failed conservative treatment. The 4/28/14 utilization review partially certified this request for consult and treatment and approved a consult, indicating further treatment may be subject to review for medical necessity. There is no compelling reason to support the medical necessity of undefined treatment prior to surgical consultation. Therefore, this request for consult and treat with an orthopedic spine surgeon is not medically necessary.