

Case Number:	CM14-0087801		
Date Assigned:	07/23/2014	Date of Injury:	06/28/2000
Decision Date:	10/20/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/11/2014

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 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:

The injured worker is a 51-year-old female was reportedly injured on June 28, 2000. The mechanism of injury is noted as cumulative trauma. The most recent progress note dated April 17, 2014, indicates that there were ongoing complaints of pain throughout the right and left upper extremities as well as cervical spine pain. Current medications include Naprosyn, Norco, Prilosec, Zanaflex, Fioricet and lorazepam. The physical examination demonstrated full range of motion of the elbows and wrists. There was a positive Tinel's sign at the right cubital tunnel. No muscular atrophy was noted. There was decreased range of motion of the right and left shoulders along with a positive impingement sign, cross arm test, speed's test, O'Brien's test, and Yergason's test. There was a normal upper extremity neurological examination. Examination of the cervical spine revealed mild tenderness along the paracervical muscles without spasms. Diagnostic imaging studies of the cervical spine revealed degenerative disc disease at C4 - C5, C5 - C6, and C6 - C7. A prior C5 - C6 radiculopathy was stated to have resolved. Previous treatment includes a right-sided carpal tunnel release x 2, a left carpal tunnel release, a left first dorsal compartment release, a right shoulder surgery, cortisone injection for right-sided lateral epicondylitis, physical therapy and oral medications. A request was made for a consultation with [REDACTED] for the cervical spine and was denied in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED] for Cervical Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical, page 127.

Decision rationale: According to the most recent progress note dated April 17, 2014, the injured employee has cervical spine pain without any radicular symptoms. There was a normal upper extremity neurological examination and an MRI which shows age-appropriate degenerative disc disease. Considering this, it is unclear why there is a request to see a cervical spine surgeon. Without additional clarification or justification, this request for a consultation with [REDACTED] regarding the cervical spine is not medically necessary.