

Case Number:	CM14-0134727		
Date Assigned:	08/27/2014	Date of Injury:	04/28/2013
Decision Date:	10/13/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on 04-28-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for post-concussion syndrome, headaches, neck pain, right shoulder pain, low back pain, sleep disturbance, depression, and dizziness. Medical records (03-11-2014 to 07-25-2014) indicate ongoing right shoulder pain with right hand pain and numbness, and neck pain. Records also indicate improving activities of daily living as the IW had returned to work. Per the treating physician's progress report (PR), the IW is able to perform her usual and customary work without restrictions. The physical exam, dated 04-29-2014, states that the IW's symptoms have worsened since last visit, and "right side pain is moderate to severe with a rating of 7 out of 10". Right shoulder active flexion was 90° and passive maximus flexion of 120° with impingement pain. There was no exam of the cervical spine. Diagnoses included right shoulder adhesive capsulitis or frozen shoulder, and cervical disc C5-6 with neural foraminal compression right C6. A PR date 03-11-2014 stated that there was restricted ROM in the cervical spine with tenderness to palpation along the cervical paraspinal musculature with spasms and tightness. This PR (03-11-2014) indicated that the injured worker had not returned to work at this time. Additionally, this was the only objective exam of the cervical spine. There were PRs dated 06-17-2015 and 07-25-2014; however, there were no subjective or objective cervical findings. Relevant treatments have included right shoulder manipulation and subacromial corticosteroid injection to the right shoulder (07-14-2014), physical therapy (PT), chiropractic treatments, and pain medications. The treating physician indicates that electromyogram (EMG) and nerve conduction studies (NCS) of the bilateral upper extremities (11-2013) showed evidence suggestive of moderate

bilateral carpal tunnel syndrome, but no evidence of radiculopathy, peripheral neuropathy, or myelopathy. A MRI of the cervical spine was also reported in the PRs and reportedly showed "some significant compression of C6 with focal paracentral disc protruded right neural foramen that he faces the right exiting C6 nerve root". The request for authorization (06-17-2015) shows that the following service was requested: orthopedic spine surgeon consultation. The original utilization review (08-11-2014) denied a request for an orthopedic spine surgeon consultation based on the lack of electrodiagnostic testing results to support referral decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Spine Surgeon Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Neck Chapter, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit form additional expertise. A referral may be for 1 Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of neck pain that have failed treatment by the primary treating physician. Therefore, criteria for a spinal surgeon consult have been met and the request is medically necessary.