

Case Number:	CM14-0194022		
Date Assigned:	12/01/2014	Date of Injury:	03/13/2013
Decision Date:	01/14/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/19/2014

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 Orthopedic Surgery, has a subspecialty in Spine 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:

According to the records made available for review, this is a 52-year-old female with a 3/13/13 date of injury. At the time (10/22/14) of request for authorization for consultation with spine surgeon for neck, there is documentation of subjective (neck as well as right shoulder pain, and numbness/tingling over right thumb) and objective (painful cervical range of motion, tenderness over bilateral acromioclavicular joint as well as trapezius muscle, positive Tinel's as well as Phalen's sign, and tenderness over bilateral lateral thumb) findings, imaging findings (MRI cervical spine (9/18/14) report revealed patent neural foramina and degenerative disc disease with disc osteophyte complex at C4-5/C5-6/C6-7), current diagnoses (status post right carpal tunnel release, cervical degenerative disc and spine disease, and tendinosis of bilateral shoulders with partial tear of right rotator cuff), and treatment to date (physical therapy, activity limitations, and medications). There is no documentation of objective signs of neural compromise; and abnormalities on imaging studies (radiculopathy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with spine surgeon for neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition Neck- Web version Surgical Considerations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306 and 180.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling lower leg/shoulder or arm symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations for more than one month or extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of status post right carpal tunnel release, cervical degenerative disc and spine disease, and tendinosis of bilateral shoulders with partial tear of right rotator cuff. In addition, given documentation of subjective (pain, numbness, and tingling), there is documentation of persistent, severe, and disabling shoulder or arm symptoms. Furthermore, there is documentation of failure of conservative treatment to resolve disabling radicular symptoms. However, despite nonspecific documentation of objective (painful cervical range of motion, tenderness over bilateral acromioclavicular joint as well as trapezius muscle, positive Tinel's as well as Phalen's sign, and tenderness over bilateral lateral thumb) findings, there is no specific (to a nerve root distribution) documentation of objective signs of neural compromise. In addition, given documentation of imaging findings (MRI of cervical spine identifying patent neural foramina and degenerative disc disease with disc osteophyte complex at C4-5/C5-6/C6-7), there is no documentation of abnormalities on imaging studies (radiculopathy). Therefore, based on guidelines and a review of the evidence, the request for consultation with spine surgeon for neck is not medically necessary.