

<b>Case Number:</b>	CM14-0195335		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	01/05/2011
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. The expert reviewer is Board Certified in Family Practice 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 is a 59 year old claimant sustained a work injury on January 5, 2011 involving the upper extremities and neck. An MRI of the cervical spine in July 2013 showed moderate to severe central canal narrowing from C-3 to C7. The claimant had received opioids and epidural injections for pain management. He was diagnosed with cervical radiculitis, myofascial pain and right shoulder impingement syndrome. A qualified medical reevaluation from a pain specialist on August 30, 2014 indicated the claimant had recently permanent and stationary status with 40% impairment. He had 8/10 pain. A provision for future medical, physical therapy was left open for flare-ups. Further diagnostic testing or surgery may be indicated if the applicant's condition deteriorated. A progress note on October 24, 2014 indicated the claimant had 6/10 pain. Exam findings were notable for reduced range of motion of the neck, radicular findings on the right side and trapezial palpable tenderness. The physician requested a follow up consultation with the spine surgeon and appeal for an authorization for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Spine Surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127; and Official Disability Guidelines (ODG), 2014, Fusion, Anterior Cervical

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialist and Chapter, pg 127. Official Disability Guidelines (ODG) Office visits.

**Decision rationale:** According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. According to the ODG guidelines, office visits may be performed as medically necessary. In this case there is conflicting evidence of whether the claimant would require surgery. The report from the qualified medical evaluation does not exclude the need for surgery if the claimant's symptoms deteriorated. The recent visit does not indicate deterioration but rather chronicity of symptoms. A consultation and plan of future care /intervention would benefit the claimant and therefore the referral to a spine specialist is medically necessary to then determine surgical necessity.