

Case Number:	CM14-0091313		
Date Assigned:	09/12/2014	Date of Injury:	08/24/2007
Decision Date:	02/11/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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 Neurological 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 52 year old woman sustained an industrial injury on 8/24/2007 after pulling an iron gate across the front of a store and felt shoulder pain. Treatment has included C5-C6 and C6-C7 anterior cervical discectomy and fusion on 9/18/2007, exploration of fusion with delivery of bilateral longitudinal rods, right sided microforaminotomy and fixed end C7 nerve roots on 9/22/2008, trigger point injections, oral and topical medications, psychiatric care, physical therapy, and home exercise program. An Electrodiagnostic study performed on 02/13/2014 was noted a normal. Physician notes dated 5/28/2014 state that the worker's complaints include increased numbness and tingling from the right shoulder to the right fingers, constant burning pain in the supracapular region down the arm to the right thumb, index and long finger and now midline to the lower portion of the thoracic spine, pinching in the right anterior shoulder, pain in the antecubital fossa to the ring and little fingers on the right, bilateral trapezius muscle spasm, and gives her pain a general rating of 7/10. The 05/28/2014 progress note indicated her medications included fentanyl transdermal patches, apply 1 every 72 hours, Neurontin 300mg 1 at bedtime, Amrix 15mg 1 at bedtime, Percocet 10-325 mg 1 twice a day and oxycodone 5mg 1 tab once a day. An orthopedic consultation reported that the pain is coming from the neck. Physical examination showed significantly decreased range of motion in the neck, positive compression sign on the right, palpable spasm to the superior trapezius, pain with palpation in the right scapular region, mild swelling of all the digits of the right hand, and pain with percussion of the medial condyle. She is currently unable to work. On 6/9/2014, Utilization Review evaluated a prescription for neurological consultation. The UR physician noted reports of increased numbness. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Office visits, Forearm, Wrist & Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Office visits.

Decision rationale: The request for a neurological consultation is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. The guidelines indicate that the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications (like opiates or certain antibiotics) require close monitoring. The clinical documentation indicated the rationale for the request was to evaluate the increased numbness in the left arm. The progress note dated 05/28/2014 indicated several medications that would require monitoring; The physical examination noted that the patient had decreased sensation to pinprick in the entire right forearm, except for the proximal volar aspect of the right forearm. In the absence of evidence of a significant change in clinical presentation since the time of the most recent documented visit on 05/28/2014, the medical necessity cannot be established for the request. As such, the request for a neurological consultation is not medically necessary.