

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0102171 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 01/25/2007 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 05/28/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 35 year old female, who sustained an industrial/work injury on 1/25/07. She reported initial complaints of neck and bilateral shoulder pain. The injured worker was diagnosed as having left shoulder rotator cuff tear, osteoarthritis; cervical radiculopathy and herniated nucleus pulposus; lumbar degenerative disc disease/radiculopathy, and anxiety. Treatment to date has included medication and diagnostic testing. MRI results of the cervical spine were reported on 10/20/14 that demonstrated degenerative changes in the cervical spine, 1 mm central protrusion with associated annular fissuring at the C4-5 level, 1-2 mm central protrusion at C5-6 level, 1 mm broad central protrusion at the C6-7 level. Currently, the injured worker complains of neck and shoulder pain. Neck and shoulder pain rating was 9/10 and described as stabbing, radiating, throbbing, burning quality and worsened since last visit. Per the primary physician's progress report (PR-2) on 2/13/15, the cervical spine exam noted tenderness to palpation over the paracervical muscles, straightening of the normal lordotic curvature, and trigger point myospasms. The left shoulder exam positive trigger points, tenderness with palpation. The right shoulder noted tenderness with palpation and positive trigger points. The thoracolumbar spine exam noted tenderness with palpation over the paralumbar muscles, trigger point myospasms, and S1 joints tender to palpation. The requested treatments include Referral to a neurosurgeon for second opinion, cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a neurosurgeon for second opinion, cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 12.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". ACOEM states in the neck and upper back section "Referral for surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms; Activity limitation for more than one month or with extreme progression of symptoms; Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term; Unresolved radicular symptoms after receiving conservative treatment;" The medical documentation provided states the patient has continued pain, decreased range of motion, unresolved radicular symptoms and has failed conservative therapy. Surgical intervention has been previously recommended for this patient. A consult would be warranted. As such, the request for Referral to a neurosurgeon for second opinion, cervical spine is medically necessary.