

Case Number:	CM15-0105299		
Date Assigned:	06/09/2015	Date of Injury:	11/07/2005
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, California

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:

This 51-year-old woman sustained an industrial injury on 11/7/2005. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 12/20/2014 that revealed disc bulging, thoracic spine MRI dated 12/22/2014, left shoulder MRI dated 6/14/2013, and electrodiagnostic testing of the left upper extremity dated 3/4/2013. Diagnoses include chronic cervicgia, cervical strain, thoracic strain, right lateral epicondylitis, right cubital tunnel syndrome, bilateral carpal tunnel syndrome, pain related insomnia, bilateral shoulder impingement syndrome, and pain related depression. Treatment has included oral and topical medications, H-wave unit, and surgical interventions. Physician notes dated 4/15/2015 show complaints of left shoulder and back pain and neck pain rated 7-8/10. She had experienced tremor of the neck and had radiation of neck pain in shoulder. Physical examination of the cervical spine revealed tenderness on palpation, muscle spasm, negative Spurling test, 5/5 strength, normal reflexes. The patient has had paresthesias in right UE in C5, C6 and C8 distribution. The medication list include Norco, Prilosec, Naprosyn, Neurontin, and xanax. Recommendations include an interventional pain consultation. The patient's surgical history include left shoulder surgery and left CTR. The patient has had urine drug screen test on 3/13/15 that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interventional Pain Consultation for cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Facet joint pain, signs and symptoms.

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), Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Evaluations include cervical spine MRI dated 12/20/2014 that revealed disc bulging, thoracic spine MRI dated 12/22/2014, left shoulder MRI dated 6/14/2013, and electrodiagnostic testing of the left upper extremity dated 3/4/2013. Diagnoses include chronic cervicalgia, cervical strain, thoracic strain, right lateral epicondylitis, right cubital tunnel syndrome, bilateral carpal tunnel syndrome, pain related insomnia, bilateral shoulder impingement syndrome, and pain related depression. Physician notes dated 4/15/2015 show complaints of left shoulder and back pain and neck pain rated 7-8/10. She had experienced tremor of neck and had radiation of the neck pain in shoulder. Physical examination of the cervical spine revealed tenderness on palpation, muscle spasm. The patient has had paresthesias in right UE in C5, C6 and C8 distribution. This is a sign of possible radiculopathy. The medication list include Norco, Prilosec, Naprosyn, Neurontin, and Xanax. The patient's surgical history includes left shoulder surgery and left CTR. Therefore this is a complex case with a history of 2 prior surgeries, neurological symptoms, opioid medications, insomnia, depression. The management of this case would be benefited by an Interventional Pain Consultation for the cervical spine. The request for Interventional Pain Consultation for cervical spine is medically necessary and appropriate for this patient.