

<b>Case Number:</b>	CM15-0134081		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: New Jersey, New York

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:

The injured worker is a 58 year old male, who sustained an industrial injury on April 12, 2013, incurring low back, right shoulder and right wrist injuries after heavy lifting. He was diagnosed with a rotator cuff tear, right wrist radial styloid fracture and lumbar degenerative disc disease. Treatment included a right shoulder arthroscopic rotator cuff repair, an open reduction and internal fixation of a right wrist fracture, medications and physical therapy. Currently, the injured worker complained of increased upper back pain radiating into the scapula and neck region. He was diagnosed with cervicalgia. He also complained of low back pain with radiation to the left buttock and left lower extremity. He noted constant pain in the back aggravated by prolonged sitting, standing, walking, stooping or reaching. The treatment plan that was requested for authorization included spine specialist consultation for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine Specialist Consultation for the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Chapter 6: Independent Medical Examinations and Consultations, page 127-156, Official Disability Guidelines (ODG) Pain Chapter- Office visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 298.

**Decision rationale:** As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms, and unresolved radicular symptoms after receiving conservative treatment. The patient's neck pain was a recent occurrence. There is insufficient documentation of the patient's symptoms, exam findings, and imaging that would warrant a consultation with a spine specialist. Therefore, the request is considered not medically necessary.