

<b>Case Number:</b>	CM15-0161796		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	01/19/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: North Carolina

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 55 year old female sustained an industrial injury to the neck and shoulder on 1-19-14. Previous treatment included physical therapy, chiropractic therapy, epidural steroid injections, bracing and medications. Magnetic resonance imaging cervical spine (7-15-15) showed multilevel disc bulge with vertebral spurring and bilateral foraminal stenosis and anterolisthesis at T1-2 with facet arthrosis. In an agreed medical evaluation dated 6-3-15, the physician stated that future medical care should include evaluation by an orthopedic spine specialist for possible cervical fusion if symptoms progressed. In a PR-2 dated 7-17-15, the injured worker complained of severe neck pain as well as pain and numbness in her hands. Physical exam was remarkable for decreased range of motion of the cervical spine. Current diagnoses included sprain of neck and sprain of wrist. The physician noted that all future treatment was per the agreed medical evaluation report. On 7-29-15, a request for authorization was submitted for consultation for the cervical spine for possible cervical fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation only for cervical spine for possible cervical fusion:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 171, 180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of neck pain that have failed treatment by the primary treating physician. Therefore, criteria for a surgical consult have been met and the request is certified.