

Case Number:	CM15-0162650		
Date Assigned:	08/28/2015	Date of Injury:	04/01/2013
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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: 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 54 year old man sustained an industrial injury on 4-1-2013 after slipping while loading a concrete machine onto a trailer. Evaluations include left shoulder MRI dated 4-20-2015 and cervical spine MRIs dated 4-17-2015, 10-22-2013 and 5-7-2013, and bilateral knee MRI dated 5-7-2013. Diagnoses include cervical disc degeneration, forearm joint pain, and shoulder pain. Treatment has included oral and topical medications. Physician notes dated 7-10-2015 show complaints of right knee, cervical spine, left shoulder, and left elbow pain. Recommendations include surgical consultation, Gabapentin, Capsaicin cream, electromyogram, and follow up in four weeks. Report dated 8/7/15 notes that the injured worker has evidence of stenosis of cervical MRI. He has worsening neck pain and increase in radicular symptoms. He has failed physical and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consult for cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: According to the CA MTUS ACOEM guidelines, surgical consideration for the neck is indicated in 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 short and long term; and or unresolved radicular symptoms after receiving conservative treatment. In this case, the injured worker has imaging evidence of cervical stenosis. He has worsening neck pain and increase in radicular symptoms. He has failed physical and chiropractic therapy. The request for Surgical consult for cervical spine is medically necessary and appropriate.