

<b>Case Number:</b>	CM15-0165519		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48-year-old male who sustained a work related injury February 11, 2014. He fell backward onto pavement without loss of consciousness, with pain to his neck, upper back, lower back, head and chest. He was treated with medication, physical therapy, and underwent x-rays and an MRI. An addendum a physician's progress report, dated May 1, 2015, found the injured worker with complaints of neck and upper back pain with radiating pain into the upper extremities with numbness and tingling. He reported Meloxicam and topical creams were helpful but Gabapentin makes him significantly sleepy. Objective findings included; positive Spurling's on the right, decreased sensation of the bilateral upper extremities, both arms and forearms, with weakness to grip. An MRI of the cervical spine from March 4, 2014, noted multiple levels of herniated disc, C4-C5 and C6-C7, with significant lateral recess stenosis with concern for compression of the transverse and nerve roots at this level. Diagnoses are cervical radiculopathy; cervical facet arthropathy; cervical myofascial pain. Treatment plan included pending cervical epidural injection authorization and discontinue Gabapentin, continued home exercise program. According to a primary treating physician's progress report, dated July 7, 2015, the injured worker presented with constant neck pain upper back pain and headaches. Objective findings included some handwritten notes, which are difficult to decipher. Diagnoses are cervical spine disc bulges; thoracic spine disc bulge. Treatment plan included physical therapy for the thoracic spine, pending consultation with pain medicine, and at issue, a request for orthopedist consultation for the cervical and thoracic spine.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orthopedic consultation regarding the cervical and thoracic spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is rationale provided to support the referral to orthopedic. Therefore, at this time, the requirements for treatment have been met, and medical necessity has been established.