

<b>Case Number:</b>	CM15-0168621		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 52-year-old female who sustained an industrial injury on 10/8/14. Injury was reported relative to cumulative trauma as a general laborer. Conservative treatment included chiropractic therapy, acupuncture treatment, activity modification, and medications. The 7/15/15 treating physician report cited grade 7/10 neck and left shoulder pain, and grade 5-8/10 left wrist pain. Additional complaints included anxiety, depression, insomnia, and occasional headaches. Cervical exam documented a mild to moderate loss of range of motion, and muscle tightness, spasms, and guarding at the trapezius, sternocleidomastoid, and strap muscles bilaterally. There was cervical spinal process tenderness, positive Spurling's test bilaterally, and positive foramina compression test. Cervical sensation was decreased over the bilateral C7 and C8 dermatomes, and decreased bilateral C5 and C6, and right C7 myotomal weakness. Deep tendon reflexes were 1+ and symmetrical over the upper extremities. The diagnosis included cervical sprain/strain, rule-out herniated disc with radiculitis and radiculopathy, and headaches. The treatment plan recommended authorization of upper extremity EMG/NCV, cervical MRI, left shoulder and wrist MRI, home interferential unit, neurology consult secondary to headaches, left wrist and forearm brace, and physical therapy 2x6 for the neck, left shoulder, and left wrist. Authorization was requested for neurosurgery consultation for headaches. The 8/13/15 utilization review non-certified the request for neurosurgery consultation for headaches as there was no documentation of specific treatment, formal physical exam findings, or imaging to establish a diagnosis that would support the role of specialist referral.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurosurgery Consult for Headaches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent medical Examination and Consultations, Pages 127.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, with activity limitation for more than one month or with extreme progression of symptoms, and unresolved radicular symptoms after receiving conservative treatment. Guidelines typically require clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. The ACOEM guidelines support referral to a 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. Guideline criteria have not been met. This injured worker presents with neck, left shoulder and wrist pain with occasional headaches. Clinical exam findings documented positive Spurling's and foraminal compression testing with decreased C7-C8 sensation and C5-C7 myotomal weakness. There is no current imaging or electrodiagnostic evidence of a surgical lesion. There is no compelling rationale to support the medical necessity of a neurosurgical consult for evaluation of occasional headaches prior to completion of diagnostic testing. Therefore, this request is not medically necessary at this time.