

<b>Case Number:</b>	CM15-0181238		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/01/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 54 year old female who sustained an industrial injury on September 1, 2014. The injured worker was being treated for bilateral cervical sprain and strain. Medical records (April 22, 2015 to August 17, 2015) indicate ongoing neck and right trapezius pain with resolution of right upper extremity numbness and tingling. Associated symptoms include restricted and painful right rotation of the neck. On August 17, 2015, the treating physician noted the injured worker is working regular job duties. The physical exam (April 22, 2015 to August 17, 2015) reveals right trapezius tenderness, restricted right rotation of the neck, weakened rotation, and paracervical muscle weakness. Diagnostic studies were not included in the provided medical records. Treatment has included physical therapy, acupuncture, massage, home exercises, and work modifications. Per the treating physician (August 17, 2015 report), the injured worker was advised to return to work without restrictions. The requested treatments included a referral to an orthopedic specialist for evaluation and treatment related to neck pain. On August 24, 2015, the original Utilization Review non-certified a request for a referral to an orthopedic specialist for evaluation and treatment related to neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to an orthopedic specialist for evaluation and treatment related to neck pain, quantity: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Ch 7 Independent Medical Examinations and Consultations pg 503.

**Decision rationale:** Per the cited CA MTUS guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. In the case of this injured worker, she has had chronic neck and right trapezius pain despite undergoing physical therapy, acupuncture, massage, home exercises, and work modifications. Based on the guidelines cited and symptomatology present greater than four to six weeks, it would be reasonable for further evaluation by a specialist. Therefore, the request for orthopedic specialist for evaluation and treatment related to neck pain #1 is medically necessary and appropriate.