

<b>Case Number:</b>	CM15-0183505		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/28/2008
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61-year-old female, who sustained an industrial injury on 11-28-08. The injured worker was diagnosed as having chronic cervical spine dystonia and cervicgia. Treatment to date has included physical therapy, a Botox injection, right shoulder rotator cuff repair, and medication including Percocet. On 8-17-15, the treating physician noted the neurological exam was normal. On 7-9-15, it was noted the injured worker was unable to drive due to limitation from shoulder and neck pain. The injured worker was also unable to perform housework or sleep without limitations from neck and shoulder pain. A MRI of the cervical spine was noted to have revealed degenerative changes with spur formation at C5-6. Electro diagnostic studies were noted to be "suggestive of C6 radiculopathy." Currently, the injured worker complains of neck pain. On 9-4-15, the treating physician requested authorization for a neurosurgical re-evaluation. On 9-14-15, the request was non-certified; the utilization review physician noted, "The patient has a normal neurological examination with no signs of abnormal imaging, clinical, or electrophysiologic evidence after reviewing the patient's file. As a result, neurosurgical re-evaluation is not medically necessary at this time."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurosurgical re-evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. In this case, the patient has a normal neurological examination with no signs of abnormal imaging; therefore, the request for Neurosurgical re-evaluation is determined to not be medically necessary.