

<b>Case Number:</b>	CM15-0190180		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/15/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 46 year old female, who sustained an industrial injury on August 15, 2010. The injured worker was diagnosed as having status post posterior fusion to the lumbar spine, left shoulder superior labrum anterior and posterior tear with impingement, narrowing of the neural foramina with the left greater than the right at the cervical five to six level and extruded disc to the cervical six to seven as seen on magnetic resonance imaging on May 12, 2012, chronic pain syndrome, probable depression, bilateral ulnar neuropathy at the elbows, possible reflex sympathetic dystrophy or chronic regional pain syndrome to the right upper extremity. Treatment and diagnostic studies to date has included magnetic resonance imaging of the bilateral shoulders and the cervical spine, status post three cervical epidural steroid injections, cortisone injections to the bilateral shoulders, medication regimen, neurodiagnostic study of the bilateral upper extremities, and above noted procedure. In a progress note dated July 22, 2015 the treating physician reports complaints of constant pain to the neck that radiates to the bilateral arms, pain to the bilateral shoulders, pain to the bilateral hands, numbness and tingling to the bilateral arms, frequent headaches, popping of the shoulders and elbows, and swelling of the hands and wrists. Examination performed on July 22, 2015 was revealing for tenderness to the bilateral trapezius muscles, decreased range of motion to the cervical spine with pain, decreased range of motion to the bilateral shoulders spine, decreased range of motion with pain to the bilateral elbows, positive Tinel's testing to the left ulnar elbow and the bilateral wrists. The progress note from July 22, 2015 noted neurodiagnostic study of the bilateral upper extremities of an unknown date that was revealing for ulnar neuropathy at the elbows. The progress note on

July 22, 2015 did not indicate the injured worker's numeric pain level as rated on a visual analog scale. On July 22, 2015 the treating physician requested an orthopedic consultation for symptoms related to the cervical spine for possible ulnar nerve decompression. On September 19, 2015 the Utilization Review determined the request for orthopedic consultation for symptoms related to the cervical spine to be non-certified.

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

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

**Orthopedic consultation for symptoms related to the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute: [www.odg-twc.com](http://www.odg-twc.com); Section: Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Examination performed on July 22, 2015 was revealing for tenderness to the bilateral trapezius muscles, decreased range of motion to the cervical spine with pain, decreased range of motion to the bilateral shoulders spine, decreased range of motion with pain to the bilateral elbows, positive Tinel's testing to the left ulnar elbow and the bilateral wrists. The progress note from July 22, 2015 noted neurodiagnostic study of the bilateral upper extremities of an unknown date that was revealing for ulnar neuropathy at the elbows. Treatment and diagnostic studies to date has included magnetic resonance imaging of the bilateral shoulders and the cervical spine, status post three cervical epidural steroid injections, cortisone injections to the bilateral shoulders, medication regimen, neurodiagnostic study of the bilateral upper extremities. MTUS supports referral to specialist to evaluate and provide recommendations for treatment to primary care provider when there is progressive nature of condition and/or treatment processes have failed. The medical records provided for review do support progressive pain with physical findings of decreased ROM and pain. Congruent with MTUS, the medical records do support medical necessity for referral to specialist.