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| <b>Case Number:</b>   | CM15-0191378 |                              |            |
| <b>Date Assigned:</b> | 10/05/2015   | <b>Date of Injury:</b>       | 04/02/1998 |
| <b>Decision Date:</b> | 11/13/2015   | <b>UR Denial Date:</b>       | 09/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2015 |

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This injured worker is a 56 year old female who reported an industrial injury on 4-2-1998. Her diagnoses, and or impressions, were noted to include tension-type headaches; and chronic cervical spine pain that radiated to both shoulders. Recent magnetic imaging studies of the cervical spine were done on 9-11-2015, noting cervical degenerative processes, and moderate-severe discogenic disease with osteophyte complexes that contacts the cord. Her treatments were noted to include remaining off work until employer evaluation yielded accommodations for employment. The periodic progress notes of 8-11-2015 were hand written and difficult to decipher, but were noted to report: that she was seen by her employers physician regarding need to find functional capability for work; patient's symptoms are (illegible). The objective findings were mostly illegible, noting only "alert", full range-of-motion, and "tender". The physician's requests for treatment were noted for magnetic resonance imaging request. No other progress notes were available for review. The Request for Authorization, dated 9-15-2015, was for a neuro-surgical consultation with a specific physician, and that she paid for the magnetic resonance imaging studies herself. The Utilization Review of 9-21-2015 non-certified the request for a neuro-surgical consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuro-Surgical consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 6, page 107; 114-116.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits.

**Decision rationale:** ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states in the neck and upper back section "Referral for surgical consultation is indicated for patients who have:- Persistent, severe, and disabling shoulder or arm symptoms. Activity limitation for more than one month or with extreme progression of symptoms. 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. Unresolved radicular symptoms after receiving conservative treatment." The medical documentation provided indicates this patient has findings on a recent MRI that would warrant a surgical consultation. As such, the request for Neuro-Surgical consultation is medically necessary.