

Case Number:	CM15-0195826		
Date Assigned:	10/09/2015	Date of Injury:	01/25/2006
Decision Date:	11/18/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	10/05/2015

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: New Jersey, New York
 Certification(s)/Specialty: 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:

This is a 60 year old female who sustained an industrial injury on 1-26-2006. A review of the medical records indicates that the injured worker is undergoing treatment for right hand trigger fingers, right carpal tunnel syndrome and cervical spine strain. According to the progress report dated 8-24-2015, the injured worker complained of continued neck pain which had worsened. The pain radiated to her hands with dysesthesias. Per the treating physician (8-24-2015), the injured worker was retired. The physical exam (8-24-2015) revealed tenderness of the cervical spine with decreased range of motion. The physician noted she was "neurologically grossly intact." Treatment to date was not documented. The original Utilization Review (UR) (9-12-2015) denied a request for a referral to a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a neurosurgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach.

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

Decision rationale: The request is considered not medically necessary. The patient was documented to have pain radiating to her hands, but no significant physical exam findings. According to MTUS guidelines, a referral is indicated for patients with persistent and severe symptoms in shoulder or arm, activity limitation for more than one month or extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence, consistently indicating same lesion, or unresolved radicular symptoms after receiving conservative treatment. There isn't enough evidence of decreased function due to the injury or evidence of a lesion that would benefit from surgery. The patient's physical exam does not warrant a neurosurgical consult. Therefore, the request is considered not medically necessary.