

Case Number:	CM15-0198216		
Date Assigned:	10/13/2015	Date of Injury:	07/22/2015
Decision Date:	11/24/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/08/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 37 year old female, who sustained an industrial injury on 7-22-2015. The injured worker is undergoing treatment for: cervical spine degenerative disc disease, left shoulder impingement, left shoulder acromioclavicular joint arthritis, left neck strain, and Arnold-chiari malformation. On 9-1-15, she reported neck and left shoulder pain. She rated her pain 7 out of 10. She also reported having problems with touching with her left hand. On 9-30-15, she is indicated to have had a cortisone injection to her left shoulder at her last visit, which did not help. She reported continued pain in the left shoulder, neck and developing headaches in the last 2 weeks. She rated her pain 7 out of 10. Objective findings revealed tenderness of the left scalene and sternocleidomastoid muscles, normal range of motion of the cervical spine, no evidence of radiating pain to the upper extremities, negative spurling test, and tenderness anteriorly and posteriorly over the scapula, restricted left shoulder range of motion, positive impingement, positive hyper abduction and thoracic outlet on the left, and "patchy diminishment of light touch in the radial digits". The treatment and diagnostic testing to date has included: x-rays of the cervical and thoracic spine (7-20-15), x-rays of the cervical and left shoulder (7-20-15), magnetic resonance imaging of the left shoulder (8-28-15), magnetic resonance imaging of the cervical spine (8-31-15) reported to reveal multi-level degenerative disc changes, no neural compression, and cerebellar tonsillar ectopia chiari malformation, at least 6 sessions of physical therapy. Medications have included: Tramadol and Tylenol. Current work status: restricted. The request for authorization is for: evaluation and treatment with neurosurgeon, The UR dated 10-8-2015: modified certification of evaluation with a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eval and Treat with Neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Guidelines recommend specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, there is no documentation of what specific conservative treatment this patient has received or description of specific subjective complaints or objective findings, which might warrant a consultation. The patient has cervical spine and left shoulder pain with an MRI of the cervical spine which shows degenerative disc changes and cerebella tonsillar ectopia. Although evaluation is appropriate, the request for initial neurosurgical evaluation including treatment is not medically appropriate and necessary.