

Case Number:	CM15-0199830		
Date Assigned:	10/15/2015	Date of Injury:	03/16/2011
Decision Date:	11/23/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/12/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 51-year-old female who sustained an industrial injury on 3/16/11. Injury occurred when she tried to restrain her home health client from falling. Conservative treatment had included activity modification, home exercise, and medications. The treating physician progress reports from 5/4/15 through 9/3/15 documented a fairly stable clinical picture with on- going discussion of difficulties in obtaining AME recommended orthopedic spine surgery services that had been certified, including repeat electrodiagnostic studies and cervical epidural steroid injections, as travel costs and arrangement had not been accommodated. The 10/1/15 treating physician report indicated that the injured worker had been treated for chronic neck pain with radicular symptoms in both arms. She reported that she felt worse with "new" symptoms in both hands including a feeling of "fire" radiating down the arms to the medial elbows and into the 3rd-5th digits of both hands, especially on the left. This was accompanied by neck pain and headaches. She denied any progressive neurologic symptoms. Pain was reported constant grade 7/10. Physical exam documented restricted cervical range of motion, positive Tinel's at the cubital and carpal tunnels, reduced right biceps reflex, some grip weakness, and abductor pollicis brevis contraction on both thumbs. The diagnosis included chronic neck pain, cervical disc protrusion C5/6, spondylosis, radicular symptoms both arms, and cervical nerve root compression. The treating physician indicated that he was retiring and her care needed to be transferred to another primary treating physician. She had been authorized to go to [REDACTED] to consult with a surgeon for cervical epidural injection and repeat nerve tests but there were roadblocks to this due to travel and difficulty in arranging for these services. She was

requesting a second opinion with a neurosurgical group that was closer to her home. The treatment plan recommended the authorized care at [REDACTED] including EMG/NCV and repeat cervical epidural injection, and additionally a CT scan. Medications were refilled. Authorization was requested for a second opinion with a spine surgeon. The 10/9/15 utilization review non-certified the requested second opinion as the injured worker had unchanged objective findings, no red flags, and was clearly diagnosed with signs/symptoms correlated with her diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion with spine surgeon: Overturned

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

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

Decision rationale: The California MTUS guidelines recommend surgical consideration for patients who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and 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. Guideline criteria have been essentially met. This injured worker presents with worsening neck pain radiating into the upper extremities. She has been unable to return to work. Clinical exam findings are consistent with reported imaging evidence of a C5/6 disc protrusion and cervical nerve root compression. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Given the retirement of her primary treating physician and travel difficulties, a second opinion with a more local spine surgeon is reasonable to move along the care of this injured worker. Therefore, this request is medically necessary.