

<b>Case Number:</b>	CM15-0025730		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/06/2007
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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:

The injured worker is a 58-year-old male with an industrial injury dated 2/6/07. Initial complaints included both hands and wrists with a diagnosis of carpometacarpal arthritis, left greater than right. He reported neck pain and underwent a C4/5, C5/6, and C6/7 anterior cervical discectomy and fusion with anterior plating from C4 through C7 on 10/23/07. He subsequently developed low back pain and underwent L3, L4, and L5 laminectomies with L3/4 and L5/S1 bilateral foraminotomies on 7/2/12. The 12/14/14 treating physician report documented a diagnosis of bilateral thumb degenerative joint disease, status post right 3rd A1 pulley release and carpal tunnel release (3/25/14), left carpal tunnel syndrome, and status post right 5th A1 pulley release (7/8/14). Relief of the numbness and tingling was reported with diagnostic corticosteroid injection to the left carpal tunnel. Surgery was recommended to include left carpal tunnel release along with left thumb carpometacarpal joint arthroplasty and left thumb metocarpophalangeal joint fusion. The 1/14/2015 treating physician report cited increasing pain in his neck and low back over the past two weeks, now severe with numbness and tingling in the left arm. He was scheduled for left thumb and wrist surgery in February and was unable to proceed with surgery due to pain. Evaluation and treatment for the neck and back with a spine surgeon was recommended as soon as possible. On 1/19/15, utilization review denied the request for evaluation & treatment with the spine surgeon for the neck and back, citing MTUS Guidelines. The rationale stated that without a history and physical exam or red flags, surgical consultation referral would not be consistent with guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation & Treatment with [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Chapter 8, page 180; Chapter 12 page 305.

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation for the cervical spine is indicated 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. Low back referral is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms should be documented. Guideline criteria have not been met for surgical referral. The treating physician report does not suggest a radicular pain component, or provide a physical exam suggestive of neural compression. No recent conservative treatment has been undertaken for the neck or back complaints documented on 12/14/14. Although consultation in this case may be indicated to provide additional expertise, direct the selection of imaging tools, and/or recommend conservative treatment, the medical necessity of unspecified treatment cannot be established. Therefore, this request is not medically necessary.