

<b>Case Number:</b>	CM15-0027792		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 6/25/2014. He has reported right shoulder, right arm, and low back pain. The diagnoses have included right shoulder strain, AC joint damage, right hand numbness and weakness, and lumbar spine injury. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, physical therapy, lumbar support and acupuncture, and a lumbar epidural steroid injection 11/14. Currently, the IW complains of right arm pain associated with numbness and weakness of right hand, and severe back pain. Physical examination from 1/5/15 documented cervical pain with extension and positive Spurling's test. The provider documented due to numbness and dropping things, there was concern for cervical radiculopathy and referral for a work-up of the cervical spine was necessary. On 1/21/2015 Utilization Review non-certified a consult and treatment of cervical spine with orthopedic spine surgeon, noting the documentation did not meet medical necessity. The ACOEM Guidelines were cited. On 2/13/2015, the injured worker submitted an application for IMR for review of consult and treatment of cervical spine with orthopedic spine surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult and treatment of cervical spine with an orthopedic spine surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Pain section, Office visits

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, consultation and treatment cervical spine with orthopedic spine specialist is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are right shoulder strain; AC joint damage status post injury June 25, 2014; right-hand numbness and weakness-possible cervical radiculopathy; and lumbar spine injury treated by [REDACTED]. The medical record contains 6 pages and a single progress note. The single progress note is the initial orthopedic consultation dated January 5, 2015. The injured worker's chief complaint is right shoulder pain. He was referred to [REDACTED]. X-rays were not taken. He received six treatments of physical therapy to the right shoulder on the right arm and low back. On physical examination the injured worker was in no acute distress. Cervical spine range of motion stated that extension re-creates pain. There was a positive Spurling test. The neurologic evaluation included normal speech and skin sensation intact distally. There were no other neurologic findings referable to the upper lower extremities in the record. There were no x-rays of the cervical spine taken. The physician plan recommended a workup of the cervical spine and that it be approved by a [REDACTED] (a spine surgeon). The injured worker has seen this spine physician in the past. There are no details in the medical record. The progress note does not contain a clinical indication or rationale for referral to a spine surgeon. There is no clinical information in the medical record how a consultation will aid in the diagnosis, prognosis or therapeutic management of this injured worker based on the documentation in the record. Consequently, absent clinical documentation to support a consultation and treatment with an orthopedic spine specialist, consultation and treatment cervical spine with orthopedic spine specialist is not medically necessary.