

<b>Case Number:</b>	CM15-0217077		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old female who sustained an industrial injury on 11-30-09. A request for authorization dated 10-6-15 notes diagnoses of cervical spine pain, disk herniation, thoracic spine pain, and lumbar spine pain. Subjective complaints (10-6-15) include pain rated 5 out of 10 in the neck, back, chest wall, shoulder and hand. It is noted the most recent physician has recommended surgical intervention of the neck and that the worker does not wish that at this time, however is requesting a secondary opinion. Objective findings (10-6-15) note that the worker refused any physical exam this date and is requesting that she be sent to one of the physicians for a second opinion. Objective findings (7-7-15) include the neck has very limited range of motion with pain, to the left, she moves 45 degrees, chin to chest is full, head back is approximately 20 degrees, and ambulation is without assistance, discomfort or distress. An electromyogram of the upper extremities (5-12-15) was noted as normal. "There was no evidence of carpal tunnel syndrome, ulnar neuropathy, cervical radiculopathy." The treatment plan includes a request for referral for a second orthopedic opinion. The requested treatment of a second opinion with a neurospinal specialist (cervical, thoracic, lumbar) was non-certified on 10-13-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second Opinion With A Neurospinal Specialist (Cervical, Thoracic, Lumbar):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** The patient presents on 10/06/15 with pain in the neck, chest wall, shoulder (unspecified), and hand (unspecified). The pain is rated 5/10. The patient's date of injury is 11/30/09. The request is for Second opinion with a neurospinal specialist (cervical, thoracic, lumbar). The RFA is dated 10/06/15. Progress note dated 10/06/15 indicates that the patient refuses physical examination. The patient's current medication regimen is not provided. Patient is currently classified as permanent and stationary. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In regards to the consultation with a neurospinal specialist, the referral is appropriate. Per progress note dated 10/06/15, this patient obtained a recommendation to undergo an unspecified cervical surgical procedure in the past, and wishes to obtain a second opinion regarding the potential for surgical intervention. This patient presents with chronic pain in her cervical spine which is unresolved by conservative measures to date. MTUS/ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion, and could improve this patient's course of care. Therefore, the request is medically necessary.