

<b>Case Number:</b>	CM15-0218666		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 a reported date of injury of 08-28-2014. The diagnoses include cervical disc disease and cervical spine disc bulge. The initial orthopedic evaluation report dated 09-23-2015 indicates that the injured worker was not currently working. It was noted that an MRI of the cervical spine as performed in 10-2014 showed a central disc protrusion and mild central canal stenosis at C3-4, loss of disc height and central disc bulge at C4-5, obliterated disc space at C5-6, dorsal spondylitic ridge and mild bilateral nerve root canal stenosis, loss of disc height, a disc bulge, and mild central canal stenosis at C6-7. The injured worker complained of constant slight to intermittent moderate and occasionally severe cervical spine pain which radiated to his shoulder blades. He reported difficulty with prolonged upright support, and noticed extreme stiffness, tightness, and spasms, and occasional headaches. The injured worker also reported difficulty with prolonged upright support. It was noted that the injured worker had some difficulty with activities of daily living. The physical examination showed a standing posture that was extremely guarded, stiff, and tight; decreased range of motion of the cervical spine; negative bilateral Spurling's test; difficulty with right toe and heel walking; moderate-to-severe spasm in the bilateral trapezius and levator scapulae musculature; a normal motor evaluation; and a normal sensory evaluation. There was documentation that radiographs of the cervical spine obtained on the day of the visit showed an irregular tracheal shadow, bilateral asymmetric cervical ribs at C7, narrowing on the right at C1-2, which was sclerotic and with marginal osteophytes, and a collapse of C5-6 with possible congenital fusion. The treating physician noted that the injured worker may return to work with restrictions. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included approximately 12 physical therapy sessions with minimal relief, Diclofenac,

Tylenol Extra Strength, Norflex, and Relafen. The treating physician requested a rheumatology evaluation, neurology evaluation, and cervical home traction unit. On 10-15-2015, Utilization Review (UR) non-certified the request for a rheumatology evaluation, neurology evaluation, and cervical home traction unit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Rheumatology evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The initial orthopedic evaluation report dated 09-23-2015 indicates that the injured worker was not currently working. It was noted that an MRI of the cervical spine as performed in 10-2014 showed a central disc protrusion and mild central canal stenosis at C3-4, loss of disc height and central disc bulge at C4-5, obliterated disc space at C5-6, dorsal spondylitic ridge and mild bilateral nerve root canal stenosis, loss of disc height, a disc bulge, and mild central canal stenosis at C6-7. The injured worker complained of constant slight to intermittent moderate and occasionally severe cervical spine pain which radiated to his shoulder blades. He reported difficulty with prolonged upright support, and noticed extreme stiffness, tightness, and spasms, and occasional headaches. The injured worker also reported difficulty with prolonged upright support. It was noted that the injured worker had some difficulty with activities of daily living. The physical examination showed a standing posture that was extremely guarded, stiff, and tight; decreased range of motion of the cervical spine; negative bilateral Spurling's test; difficulty with right toe and heel walking; moderate-to-severe spasm in the bilateral trapezius and levator scapulae musculature; a normal motor evaluation; and a normal sensory evaluation. MTUS supports specialty referral to aid the primary physician with diagnostic and management of conditions outside their area of specialty. However, the medical records do not indicate presence or rheumatologic condition in support of rheumatology referral. As such MTUS does not support rheumatology referral. The request is not medically necessary.

**Neurology evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The initial orthopedic evaluation report dated 09-23-2015, indicates that the injured worker was not currently working. It was noted that an MRI of the cervical spine as performed in 10-2014 showed a central disc protrusion and mild central canal stenosis at C3-4, loss of disc height and central disc bulge at C4-5, obliterated disc space at C5-6, dorsal spondylitic ridge and mild bilateral nerve root canal stenosis, loss of disc height, a disc bulge, and mild central canal stenosis at C6-7. The injured worker complained of constant slight to intermittent moderate and occasionally severe cervical spine pain which radiated to his shoulder blades. He reported difficulty with prolonged upright support, and noticed extreme stiffness, tightness, and spasms, and occasional headaches. The injured worker also reported difficulty with prolonged upright support. It was noted that the injured worker had some difficulty with activities of daily living. The physical examination showed a standing posture that was extremely guarded, stiff, and tight; decreased range of motion of the cervical spine; negative bilateral Spurling's test; difficulty with right toe and heel walking; moderate-to-severe spasm in the bilateral trapezius and levator scapulae musculature; a normal motor evaluation; and a normal sensory evaluation. MTUS supports specialty referral to aid the primary physician with diagnostic and management of conditions outside their area of specialty. Neurologic consultation is supported to provide primary treating physician with information for diagnosis, treatment and prognosis of neurologic findings. As such MTUS supports neurology referral. The request is medically necessary.

**Cervical home traction unit for cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/2015), Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, traction.

**Decision rationale:** The initial orthopedic evaluation report dated 09-23-2015 indicates that the injured worker was not currently working. It was noted that an MRI of the cervical spine as performed in 10-2014 showed a central disc protrusion and mild central canal stenosis at C3-4, loss of disc height and central disc bulge at C4-5, obliterated disc space at C5-6, dorsal spondylitic ridge and mild bilateral nerve root canal stenosis, loss of disc height, a disc bulge, and mild central canal stenosis at C6-7. The injured worker complained of constant slight to intermittent moderate and occasionally severe cervical spine pain which radiated to his shoulder blades. He reported difficulty with prolonged upright support, and noticed extreme stiffness, tightness, and spasms, and occasional headaches. The injured worker also reported difficulty with prolonged upright support. It was noted that the injured worker had some difficulty with activities of daily living. The physical examination showed a standing posture that was extremely guarded, stiff, and tight; decreased range of motion of the cervical spine; negative bilateral Spurling's test; difficulty with right toe and heel walking; moderate-to-severe spasm in the bilateral trapezius and levator scapulae musculature; a normal motor evaluation; and a normal sensory evaluation. ODG supports cervical traction with physical signs of radiculopathy but the medical records do not indicate radiculopathy. As such the medical records do not support the necessity of the cervical traction congruent with ODG guidelines. The request is not medically necessary.