

<b>Case Number:</b>	CM15-0032961		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 15, 2010. In a Utilization Review Report dated February 2, 2015, the claims administrator denied a request for referral to a neurosurgeon. Non-MTUS Chapter 7 Guidelines were referenced in the denial, along with a January 15, 2015 progress note. The claims administrator did acknowledge, however, that the applicant was apparently considering a multilevel cervical fusion surgery. On October 16, 2014, it was acknowledged that the applicant was off of work. Ongoing complaints of neck and shoulder pain were noted. The applicant was using Vicodin and Motrin for pain relief. The applicant was asked to pursue referral to a neurosurgeon. Norco, Motrin, and Nexium were endorsed. On January 15, 2015, the applicant was placed off of work, on total temporary disability. Motrin, Norco, and Nexium were endorsed while the applicant was kept off of work. The attending provider stated that the applicant wished to consult another neurosurgeon as he was intent on avoiding a surgical remedy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and Treatment with a Neurosurgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** Yes, the proposed consultation and treatment (AKA referral) with a neurosurgeon was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 180, if surgery is a consideration, counseling regarding likely outcome, risks and benefits, and, especially, expectations is very important. Here, the applicant's primary treating provider (PTP) has suggested that the applicant is hesitant to pursue previously recommended cervical fusion surgery. Obtaining the second opinion of another neurosurgeon was/is, thus, indicated. Therefore, the request was medically necessary.