

Case Number:	CM15-0038713		
Date Assigned:	03/09/2015	Date of Injury:	02/20/2014
Decision Date:	05/05/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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 50-year-old female who sustained an industrial injury on 2/20/14. Injury occurred when she was walking and a co-worker jumped on her, causing left shoulder, neck and low back pain. The 8/5/14 cervical spine MRI impression documented moderate to severe foraminal stenosis on the left at C5/6 and left greater than right at C6/7. Records indicated that surgery had been previously been authorized in the form of anterior cervical discectomy and fusion at C5/6 and C6/7, but the patient had not followed through. The 1/19/15 orthopedic report cited constant grade 7-9/10 neck pain with associated symptoms of muscle spasms, sharp shooting pain to the left ear, fatigue, grinding, stiffness in the morning, a compressed feeling, instability, muscle tension to the shoulders and shoulder blades and numbness and tingling radiating to the right elbow and left hand. She had bilateral shoulder pain and loss of strength in both hands, numbness and tingling to both hands, coldness in her hands, and swollen hands. She reported constant grade 7-9/10 lumbar back pain with numbness and tingling radiating to her feet, loss of strength in her legs, and pain radiating down to the legs and hips. The patient had a history of bipolar disorder and depression with anxiety, depression, social withdrawal and elevated levels of stress since the injury. Cervical exam documented cervicothoracic tenderness, mild to moderate loss of range of motion, decreased bilateral forearm and finger sensation, and normal strength and reflexes. Lumbar exam documented lumbosacral tenderness, mild loss of range of motion, 4+/5 extensor hallucis longus weakness, positive straight leg raise at 80 degrees bilaterally, and normal sensation and reflexes. Bilateral shoulder exam documented positive trapezius and impingement area pain, and normal range of motion. The diagnosis was cervical

discopathy C5/6 and C6/7 with radiation to both upper extremities, lumbar degenerative scoliosis, cervicogenic headaches, and bilateral upper extremity stocking glove numbness and tingling, rule-out etiology. The orthopaedic surgeon expressed concern regarding the patient's stocking glove distribution of neurologic deficit. He recommended a neurologist perform a comprehensive work up and identify the etiology of her peripheral neuropathy. Authorization was requested for artificial disc replacement C5-C7 with an assistant surgeon, two-day inpatient stay, pre-operative medical clearance, and post-operative cervical collar. Additionally, requests were noted for pain management and neurology consultation, a urine drug screen, continued physical therapy 12 visits for the lumbar spine, Voltaren and cyclobenzaprine. The 2/9/15 utilization review non-certified the request for neurologic consultation as the injured worker had been evaluated by a neurosurgeon and the clinical presentation had been clearly established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines do not specifically address neurologic consultations. The ACOEM guidelines support referral to a specialist 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. Guideline criteria have been met. There is no evidence in the submitted records of upper extremity neurodiagnostic testing. It seems reasonable to rule-out peripheral neuropathy prior to proceeding with cervical spine surgery. Therefore, this request is medically necessary.