

<b>Case Number:</b>	CM15-0041879		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: 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 59 year old male, who sustained an industrial injury on December 3, 2007. He reported developing increasing pain in the left shoulder. The injured worker was diagnosed as having cervical disc degeneration, cervical radiculopathy, lumbar disc degeneration, lumbar radiculopathy, medication related dyspepsia, chronic pain syndrome, left C6-T1 radiculopathy per October 26, 2009 electromyography (EMG)/nerve conduction velocity (NCV), and left L5 vs S1 radiculopathy per October 26, 2009 electromyography (EMG)/nerve conduction velocity (NCV). Treatment to date has included shoulder surgery, epidural steroid injection (ESI), physical therapy, acupuncture, lumbar spine x-ray, MRI of the cervical and lumbar spines, home exercise program (HEP), electromyography (EMG)/nerve conduction velocity (NCV), and medication. Currently, the injured worker complains of neck pain that radiates down the bilateral upper extremities, left shoulder and left hand, with tingling and numbness, and muscle spasms in the neck area, and low back pain that radiates down the bilateral lower extremities to the bilateral feet. The Treating Physician's report dated January 26, 2015, noted the injured worker reported pain rated at 7/10 with medication and 10/10 without medication noting the pain worsened since the previous visit. The injured worker reported frequent medication associated gastrointestinal (GI) upset. Cervical spine examination was noted to show spasms bilaterally in the paraspinous muscles, with spinal vertebral tenderness noted in the C3-T2 levels, tenderness to palpation at the left trapezius muscles, occipital tenderness to palpation on the left side, and range of motion (ROM) limited due to pain. Lumbar examination was noted to show spasms in the paraspinous musculature, tenderness to palpation

in the spinal vertebral area L4-S1 levels, myofascial trigger points with twitch response in the paraspinal muscles on the left, limited range of motion (ROM) due to pain, decreased sensitivity to touch along the L4-S1 dermatome, and positive straight leg raise on the left. The Physician requested authorization for an orthopedic spine surgeon evaluation for the injured worker's cervical spine.

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

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

**Cervical spine orthopedic surgeon consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7-Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case, the exam notes from 1/26/15 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore, the determination is not medically necessary.