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| Case Number: | CM15-0057964 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 05/03/2013 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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: 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 injured worker is a 37 year old female, who sustained an industrial injury on May 3, 2013. She reported neck, mid back and low back pain. The injured worker was diagnosed as having 3-4mm posterior disc protrusion/extrusion with compromise of the exiting nerve roots bilaterally per MRI, herniated nucleus pulposus of the lumbar spine, herniated nucleus pulposus of the cervical spine, right shoulder impingement syndrome and rotator cuff tendinosis, and headaches. Diagnostics to date has included MRIs. Treatment to date has included a home exercise program and medications including pain, muscle relaxant, anti-anxiety, and non-steroidal anti-inflammatory. On March 5, 2015, the injured worker complains of lower back pain radiating into the left lower extremity to the left knee. Her back pain is rated 6-7/10. She complains of neck and right shoulder pain. Her neck pain is rated 4/10. She takes 2-3 pills each of opioid and muscle relaxant medications per day. Her pain is rated 3-4/10 with medication and 6-8/10 without medication. She reports improvement in her activities of daily living and increased ability to reach overhead with her right upper extremity with her current medications. The physical exam revealed Jamar grip strength on right of 28/26/24kg and left of 20/20/18kg. There was lumbar spine and bilateral lumbar paraspinal muscles tenderness with muscle spasms and myofascial trigger points. The lumbar spine range of motion was decreased with pain on extremes of flexion and extension. The left straight leg raise was positive. The treatment plan includes a physician consultation and treatment. The requested treatment is a neurosurgeon consultation (cervical, lumbar, right shoulder, headaches).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a neurosurgeon (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 - Treatment for Workers' Compensation (ODG-TWC) Neck & Upper Back and Low Back Procedure Summary Online Version last updated 11/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case the injured worker has been referred to, and seen by, neurology previously. There is no evidence to support the notion that the injured worker would be a candidate for neurosurgery. The request for consultation with a neurosurgeon (cervical spine) is determined to not be medically necessary.