

<b>Case Number:</b>	CM15-0081428		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: New Jersey, New York

Certification(s)/Specialty: Family Practice

### 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 55-year-old female, who sustained an industrial injury on 9/19/11. She reported initial complaints of neck, hands and arms. The injured worker was diagnosed as having left shoulder strain, tendinitis and impingement syndrome; left elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome. Treatment to date has included status post spine anterior cervical discectomy fusion (ACDF) C6-7 (2/14/14); medications. Diagnostics included x-ray cervical spine (8/21/14); EMG/NCV upper extremities (10/10/14). Currently, the PR-2 notes dated 3/27/15 indicated the injured worker complains of neck pain radiating to the bilateral upper extremities with numbness and tingling to the arms/hands that is increased with posturing/repetitive motions of the head and neck. She has severe pain with minimal turning of the head to the right and is decreased with medication. She has bilateral wrist/forearm pain with numbness and tingling to the fingers that is increased with gripping and grasping, and decreased with bracing and medications. She reports experiencing on and off flare-ups to the left elbow and left shoulder. Her symptoms are decreased with home exercise program. Physical examination of the cervical spine reveals post-operative changes as prior status post spine anterior cervical discectomy fusion (ACDF) C6-7 of 2/14/14. Tenderness to palpation is present over the paravertebral musculature and trapezius muscles with trigger points and muscle spasm. Spurling's maneuver elicits radicular symptoms to the left arm greater than the right arm in the C5-C6 distributions. Range of motion of the cervical spine is decreased. Sensation to pinprick and light touch in the bilateral upper extremities is decreased along the C5-C7 nerve distribution and to the fingers along the median nerve distribution. Examination of bilateral wrist/forearms

reveals tenderness to palpation over the right first extensor compartment as well as over the bilateral flexor and extensor tendons. Flinkelstein's test is positive on the right, Tinel's sign and Phalen's test are positive bilaterally eliciting radicular symptoms to the first to fourth fingers in a media nerve distribution and range of motion is decreased. The provider's treatment plan includes one (1) surgical consultation.

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

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

**One (1) surgical consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 58, 180.

**Decision rationale:** As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms and unresolved radicular symptoms after receiving conservative treatment. The patient is s/p ACDF with continued symptoms. The patient had electrodiagnostic testing that did not reveal any radiculopathy. The patient was diagnosed with carpal tunnel syndrome and shoulder impingement syndrome, which is likely contributing to her symptoms. However, radiculopathy was not confirmed by testing or imaging. Therefore, referral to a surgeon is not medically necessary at this time.