

<b>Case Number:</b>	CM15-0085736		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	02/15/2015
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Pennsylvania

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 40 year old female who sustained an industrial injury on 2/15/15 when she fell on her right side injuring her right shoulder and neck. She currently (4/3/15) complains of neck and low back soreness. On physical exam there was cervical and lumbar soft tissue tenderness diffusely with full cervicothoracic and lumbosacral range of motion and sensory is intact. Her medications are Vicodin and Norco. Diagnoses included cervical spine strain; right shoulder strain; lumbar strain. Treatments to date include physical therapy, medication. Diagnostics include x-ray of the lumbar spine (3/13/15) with unremarkable findings; MRI lumbar spine (4/1/15) showing minor degenerative disc desiccation; either disc bulge or protrusion; MRI cervical spine (4/1/15) showing minimal degenerative disc changes and disc protrusion. In the progress note dated 4/3/15 the treating provider's plan of care includes a request to see an orthopedic specialist for ongoing neck and low back pain that was unresponsive to conservative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with Orthopedic Spine Specialist for the lumbar spine and cervical spine:**

Upheld

**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, page 127 and 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 179-180 and 305.

**Decision rationale:** According to the 4/3/15 progress note, referral to orthopedic surgery was due to "ongoing neck and low back pain unresponsive to conservative therapy. The authorization request stated "due to MRI findings." The worker had cervical and lumbar MRI on 4/1/15. The cervical MRI showed 3mm disk protrusion with minor cord impingement and cord contour deformity. A lumbar MRI showed either disk bulge or protrusion of 3mm at the L4-5 level, where there is minor thecal sac impingement. The progress note of 4/3/15 did not report any neurological signs or symptoms and no radicular symptoms. The diagnosis section stated "improving". The date of injury was 2/15/15 so the request for referral was in less than 3 months of injury. The symptoms and exam findings do not suggest a definitive correlation between the MRI and this workers symptoms. Furthermore, according to the progress note the worker is improving. According to the ACOEM: "Within the first three months of onset of potentially work-related acute neck and upper back symptoms, consider surgery only if the following are detected: Severe spinovertebral pathology; Severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. A disk herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, shoulder and arm symptoms, and nerve root dysfunction. The presence of a herniated cervical or upper thoracic disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. Referral for surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms; Activity limitation for more than one month or with extreme progression of symptoms; Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term; Unresolved radicular symptoms after receiving conservative treatment." The criteria for surgical referral for the neck have not been met. According to the ACOEM: "Within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy (and obviously due to a herniated disk) is detected. Disk herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. Some studies show spontaneous disk resorption without surgery, while others suggest that pain may be due to irritation of the dorsal root ganglion by inflammogens (metalloproteinases, nitric oxide, interleukin- 6, prostaglandin E2) released from a damaged disk in the absence of anatomical evidence of direct contact between neural elements and disk material. Therefore, referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg

symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; Failure of conservative treatment to resolve disabling radicular symptoms." The criteria for surgical referral for the low back have not been met. Therefore, the requested treatment is not medically necessary.