

<b>Case Number:</b>	CM15-0086373		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: New Jersey

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 male, who sustained an industrial injury on December 3, 2013. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical spine sprain/strain. Diagnostic studies were not included in the provided medical records. Treatment to date has included a physical therapy evaluation and pain medication. On April 8, 2015, the injured worker complains of persistent neck pain radiating to his hands with numbness and weakness in the fourth and fifth digits. His pain is rated 6-7/10. Rest and pain medications help his pain. Activities worsen his pain. The physical exam revealed decreased cervical range of motion, positive cervical compression, and decreased strength and sensation at the bilateral cervical 7 and cervical 8. The deep tendon reflexes of the upper extremities were normal. The treatment plan includes a neurosurgeon consultation for the cervical spine. The injured worker's work status is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 127, 305-306.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. The ACOEM MTUS Guidelines also states that referral to a surgeon for low back pain is only indicated when the patient exhibits severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, has activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and failure of conservative treatment to resolve disabling radicular symptoms. In the case of this worker, there was insufficient supportive evidence to show that a surgical consultation for his spine was warranted. There was insufficient reporting to show full failure of all conservative options such as TENS, oral medications for neuropathic pain, etc. Also, there were no recent MRI findings found in the documentation provided for review to corroborate the symptoms and physical findings suggestive of spinal impingement. Therefore, the request for neurosurgeon consultation is not medically necessary at this time without the required supportive evidence.