

Case Number:	CM15-0089005		
Date Assigned:	05/13/2015	Date of Injury:	03/30/2013
Decision Date:	06/15/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/08/2015

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: Illinois, California, Texas
 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 53-year-old female with date of injury of 3/13/13. Injury was reported due to cumulative trauma as a machine operator/packer. The 10/28/14 pain management report cited constant grade 6-7/10 right shoulder pain, constant grade 6-7/10 low back pain radiating to the right lower extremity, constant grade 5-7/10 right wrist and hand pain, and constant grade 5-7/10 neck pain radiating to the upper extremities. Pain was relieved with rest and medications. The upper and lower extremity neurologic examination was reported within normal limits. The diagnosis included cervical disc with radiculopathy, cervical sprain/strain, lumbar disc with radiculopathy, lumbar facet syndrome, lumbar sprain/strain, hand and wrist sprain/strain, rotator cuff syndrome, shoulder sprain/strain, insomnia, anxiety and depression. The treatment plan recommended continued medications, and continued chiropractic, physical therapy, and acupuncture treatment. The 12/19/14 cervical spine MRI impression documented disc desiccation at C2/3 to C7/T1, with associated loss of disc height at C4/5 and C5/6. There were broad-based disc herniations noted at C3/4, C4/5 and C5/6 causing stenosis of the spinal canal. Disc material and uncovertebral joint degenerative change at each of these levels caused bilateral neuroforaminal stenosis with deviation of the bilateral C4, C5, and C6 exiting nerve roots. The 4/7/15 treating physician report cited complaints of right sided headaches with memory problems, depression, anxiety and sleep difficulty. Physical exam documented cervical and right trapezius tenderness and spasms with restricted range of motion. The diagnosis included cervicogenic headaches and cognitive impairment. The treatment plan requested re-evaluation with the neurologist and neuropsychological evaluation. The 4/15/15 utilization review certified

a request for neuropsychological evaluation and non-certified the request for reevaluation with a neurologist. The rationale indicated that neurologist evaluation in addition to neuropsychological evaluation of current symptoms was not supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation with neurologist: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines do not specifically address neurology referrals. The ACOEM guidelines support referral to a specialist 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 this case, the assessment includes cervicogenic headaches with cognitive impairment, along with cervical radiculopathy. The 4/15/15 utilization review certified a request for neuropsychological evaluation, which would not be adequate to clarify the diagnoses, address psychosocial factors, and/or fully devise a treatment plan. There is a compelling reason at this time to support additional referral to a neurologist. Neurologic assessment is not fully within the armamentarium of a neuropsychologist. Therefore, this request is medically necessary.