

<b>Case Number:</b>	CM13-0062926		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/05/2008
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 65-year-old female who reported an injury on 05/09/2009. The mechanism of injury was not specifically stated. The patient is currently diagnosed with carpal tunnel syndrome bilaterally, cervical radiculopathy, musculoligamentous sprain of the cervical spine, and herniated disc disease. A request for authorization was submitted on 10/18/2013 by [REDACTED] for a re-evaluation. However, the latest physician progress report submitted for this review by [REDACTED] is dated 08/22/2013. The patient reported ongoing pain to the cervical spine and bilateral upper extremities. Physical examination revealed tenderness to palpation, limited range of motion, and decreased sensation in bilateral hands. Treatment recommendations at that time included a request for authorization for cervical spine surgery and a prescription for Norco 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for one (1) re-evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of a progression or worsening of symptoms or physical examination findings. There is no documentation of an exhaustion of conservative treatment. The type of re-evaluation was not specified in the request. The requesting physician is recommending cervical spine surgery. Based on the clinical information received, the request for One (1) re-evaluation is non-certified.