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| <b>Case Number:</b>   | CM14-0126237 |                              |            |
| <b>Date Assigned:</b> | 09/24/2014   | <b>Date of Injury:</b>       | 01/05/2010 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 07/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/08/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/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 injured worker is a 47-year-old female with date of injury of 01/05/2010. The listed diagnoses are Cervical and lumbar discopathy; Cervicalgia; Status post left carpal tunnel release with double crush syndrome; Left carpal tunnel release surgery from 10/04/2013. According to this report, the patient complains of cervical spine, bilateral upper extremities/wrist, lumbar spine, and left lower extremity pain. The patient states that there is frequent pain in the cervical spine that radiates to the back and sides of the neck as well as the shoulders with associated headaches. Intermittent pain is noted in both shoulders that radiates down the arm. Constant pain in both wrist, the left side greater than the right with associated tingling and numbness. The patient states that the pain radiates to her inner wrist and of the arms. She also reports low back pain that radiates to the lower extremities. Intermittent pain in both knees and ankles, left greater than the right with associated instability and swelling is noted. The examination of the cervical spine reveals paravertebral muscle spasm with positive axial loading compression test noted. There is extension of symptomatology in the upper extremities. Generalized weakness and numbness was also noted. Lumbar spine reveals pain and tenderness in the mid to distal lumbar segments. Standing, flexion, and extension are guarded and restricted. Seated nerve root test is positive. There is dysesthesia in the lower extremities, left greater than the right. The utilization review denied the request on 07/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurological spine consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

**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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** The injured worker presents with cervical spine, bilateral upper extremities/wrist, lumbar spine, and left lower extremity pain. The treater is requesting a neurological spine consult. The ACOEM Guidelines page 127 states that the health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The utilization review denied the request stating, "Without clear indications for neurological spine consultation and based on clinical findings, documentation, and discussion with the provider's representative, medical necessity is not supported." The 04/01/2014 report notes that an authorization is being requested for neurological spine consultation. However, no explanation was given for the request. The 04/09/2014 report notes a positive axial loading compression test including generalized weakness and numbness noted in the cervical spine. There is overlapping symptomatology in upper extremities with a positive palmar compression test subsequent to Phalen's maneuver. In addition, seated nerve root test is positive with dysesthesia in the lower extremities, left side greater than the right. In this case, given the patient's significant symptoms, a neurological consultation is reasonable. Therefore, the request for a Neurological spine consultation is medically necessary and appropriate.

**Rheumatology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

**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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** The injured worker presents with cervical spine, bilateral upper extremities/wrist, lumbar spine, and left lower extremity pain. The treating physician is requesting a rheumatology consultation. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of treatment may benefit from additional expertise. In this case, the medical records provided for review do not discuss or reference any joint issues. Additionally, the treating physician does not raise any specific

concerns that may require rheumatologic consultation. Therefore, the request for a Rheumatology consultation is not medically necessary and appropriate.