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| <b>Case Number:</b>   | CM14-0130303 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 04/08/2013 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 08/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2014 |

### 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 & Rehabilitation 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:

According to the records made available for review, this is a 50-year-old female with a 4/8/14 date of injury. At the time (8/1/14) of the Decision for Consultation with Neck Specialist/Spine Surgeon per report dated 07/25/2014 QTY: 1, there is documentation of subjective (neck pain radiating to tight arm) and objective (decreased cervical spine range of motion, tenderness over the paracervical muscles, trapezius, and deltoid, positive Neer's test, and positive Hawkins' test) findings, imaging findings (X-ray of the right shoulder (undated) report revealed moderate acromioclavicular arthritis, downsloping acromion, and negative glenohumeral joint space narrowing), current diagnoses (shoulder pain), and treatment to date (medications and physical therapy). There is no documentation of 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 electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Neck Specialist/Spine Surgeon per report dated 07/25/2014 QTY: 1:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of 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 electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of a diagnosis of shoulder pain. However, there is no documentation of 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 electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms. Therefore, based on guidelines and a review of the evidence, the request for Consultation with Neck Specialist/Spine Surgeon per report dated 07/25/2014 QTY: 1 is not medically necessary.