

<b>Case Number:</b>	CM14-0141278		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/17/2006
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Orthopedic Surgery 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 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 45 year old male who sustained an injury to his neck on 11/17/06 when he walked into some scaffolding. The doctor's first report of occupational injury or illness dated 02/12/14 reported that the injured worker sustained a whiplash type injury when he walked into a crossbeam, hitting his helmet across the beam. The injured worker complained of occasional night pains and headaches with occasional radiation of pain into the right trapezius, but denied any other radiation of pain, numbness, or tingling in the bilateral upper extremities. Treatment to date has included approximately 10 visits of chiropractic manipulation treatment in 2007. There was no indication that the injured worker has received any physical therapy, acupuncture, injections, or surgical intervention for his neck complaints. Plain radiographs dated 02/12/14 reportedly revealed disc space narrowing at C5-6 and C6-7. The injured worker complained of pain at 2-7/10 VAS. MRI of the cervical spine without contrast dated 05/23/14 revealed degenerative disc disease with retrolisthesis of C3-4 through C6-7 with canal stenosis and severe canal stenosis at C6-7 with marked contact and distortion of the cervical cord at that level with T2 prolongation suggestive of stenosis related edema; neuroforaminal narrowing at C5-6 that was severe right and moderate to severe left; C6-7 severe bilateral neuroforaminal narrowing; T1-2 moderate bilateral neuroforaminal narrowing. The progress note dated 07/02/14 reported that the injured worker continued to complain of pain in the neck with turning of the head and increased spasms since last seen. Physical examination noted no change in range of motion, which was still decreased in all ranges/planes; decreased sensation at the right C8 dermatome with motor strength still 5-/5 at the bilateral upper extremities; reflexes mildly hyperreflexive in the bilateral upper extremities. The injured worker was recommended for anterior cervical decompression and fusion at C6-7 with a partial corpectomy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Office visits

**Decision rationale:** The request for a pain management consultation is not medically necessary. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for a pain management consultation is not indicated as medically necessary.