

Case Number:	CM14-0167980		
Date Assigned:	10/15/2014	Date of Injury:	08/20/2012
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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 Internal Medicine, 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 (IW) is a 31-year-old woman with a date of injury of August 20, 2012. The IW worked at [REDACTED] as a call center agent in November of 2010. Her job involved extensive writing and being on the telephone. After a year, she began noticing significant symptoms including stiff neck, pressure in her neck and shoulders, right and left hand numbness, tingling and aching. She had surgery November 12, 2013. There is a progress note dated August 29, 2014 indicating that the IW had ongoing neck pain, headaches, and some numbness in the hands, with weakness. She reports that she is improving with therapy. Objective findings revealed decreased range of motion of her cervical spine with some pain. There is slight trapezial and paracervical tenderness. The Tinel's sign is equivocal at the cubital tunnels. The elbow flexion tests are positive bilaterally. The Tinel's sign and Phalen's tests are equivocal at the carpal tunnels bilaterally. Grip strength is diminished. Diagnoses include: Status-post bilateral carpal tunnel releases with ulnar nerve decompression at the wrists; bilateral forearm tendinitis; bilateral cubital tunnel syndrome; Trapezial and paracervical strain; cervical arthrosis/strain. The plan is to continue with occupational therapy (OT) twice weekly for 6 weeks to work on stretching, modalities, and strengthening. Continue with her non-steroidal anti-inflammatory medications and lotions for her chronic pain and inflammation. She is requiring breakthrough narcotic pain medication. Current medications include: Voltaren 100mg, Prilosec 20mg, Tramadol ER, and Menthoderm gel. The request was made for a spine specialist consultation to make sure that there is no cervical spine pathology to account for her condition. The treating physician indicated that the IW is suffering from depressive disorder, not otherwise specified, secondary to the significant pain and loss of function that she is suffering as a result of her work related injury. She is in need of psychotherapeutic treatment to help support her through a possible second surgery and to help her find a way forward in her life. Psychologist note dated

September 23, 2014 reports that the IW has had several psychotherapy sessions from April 2014 to August 26, 2014. She has recently missed several of her appointments including the one for September 9, 2014. Further documentation reports that she has resorted to alcohol to self-medicate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine specialist consultation, cervical spine: Upheld

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

Decision rationale: Pursuant to The American College of Occupational and Environmental Medicine, the spine specialist consultation, cervical spine is not medically necessary. The guidelines state: "A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of the patient." In this case, there is no documentation of medical record to support a spinal surgeon's evaluation. The diagnoses from an office visit dated January 8, 2014 provide diagnoses: status post left carpal tunnel release with ulnar nerve decompression at the wrist; right carpal tunnel syndrome with possible ulnar nerve compression at the wrist; bilateral forearm tendonitis; bilateral cubital tunnel syndrome; Trapezial and paracervical strain; and rule out cervical arthrosis/radiculopathy. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, consultation with spine surgeon is not medically necessary.