

<b>Case Number:</b>	CM14-0186382		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	10/09/2002
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 10/10/14 PR-2 notes indicate no improvement in symptoms of left cubital, radial, and carpal tunnel syndrome. MRI of neck reported to show problems and the treating physician recommended referral to neurosurgery. The 10/3/14 MRI of spine reports DJD at C6-7, C5-6 and C4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Neurosurgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 303-306.

**Decision rationale:** The medical records indicate no improvement but do not document any specific physical examination abnormalities or findings of spine instability in support of neurologic compromise that would support referral to neurosurgery. MTUS supports referral to neurosurgery for: referral for surgical consultation is indicated for patients who have: Severe and disabling arm or lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise

Activity limitations due to radiating leg pain for more than one month or extreme progression of arm or lower leg symptoms, Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Failure of conservative treatment to resolve disabling radicular symptoms As such the medical records do not support a referral to surgery congruent with MTUS. Therefore the request is not medically necessary.