

<b>Case Number:</b>	CM14-0210179		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for neck and rib pain reportedly associated with an industrial injury of December 4, 2013. In a Utilization Review Report dated December 3, 2014, the claims administrator denied a request for a neurosurgery referral for the cervical spine. A progress note dated October 3, 2014 was referenced in the determination. The claims administrator suggested that the applicant had sustained injuries to the neck, shoulder, and ribs in an industrial motor vehicle accident several months prior. The applicant's attorney subsequently appealed. In an October 6, 2014 progress note, the claims administrator reported ongoing complaints of neck pain, exacerbated but motion, left shoulder pain and left periscapular pain. The applicant was reportedly using Norco and methadone. 9/10 neck and shoulder pain complaints were noted. An ultrasound guided corticosteroid injection was endorsed for the shoulder. The attending provider posited that the applicant should consult a neurosurgeon for his spine and/or an orthopedic shoulder surgeon for his shoulder to obtain opinions on "possible surgical treatment." The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurosurgery referral for the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether surgical evaluation is necessary. Here, the applicant is seemingly off of work. Persistent complaints of neck pain, radiating into the shoulder were noted on multiple points throughout 2014. The applicant, in addition to being off of work, continues to report severe complaints of 8-9/10 pain, and remains dependent on opioid agents such as Norco and Methadone. Obtaining the added expertise of a neurosurgeon, thus, is indicated here, particularly in light of the fact that the applicant's primary treating provider states that the applicant is considering surgical option. Therefore, the request is medically necessary.