

<b>Case Number:</b>	CM15-0010945		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California  
 Certification(s)/Specialty: Internal 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 injured worker is a 59 year old female, who sustained an industrial injury on 6/2/08. The injured worker has complaints of chronic neck and bilateral upper extremity pain that radiates into her arms. She reports having electrical sensation in the fingers and sensitivity to touch over the hand, reports having increased weakness in the right hand with grasping objects. Cervical spine has tenderness to palpation noted over right cervical facet joints at C3-4 and C4-5; range of motion limited to 30 degrees flexion, 10 degrees extension, 10 degrees lateral tilt bilaterally, and 15 degrees rotation bilaterally. The diagnoses have included cervical disc displacement without myelopathy; syndrome postlaminectomy; pain in joint shoulder and pain in joint forearm. Treatment to date has included a barium swallow esophagram 4/16/14; cervical Magnetic Resonance Imaging (MRI) 2/19/13; electromyogram 2/4/13 and medications. the documentation noted on 7/23/14 the injured worker had a surgical consultation regarding her right upper extremity and it was noted her exam was consistent mostly with forearm myalgia with no convincing evidence of peripheral neuropathy; X-rays were normal and prior nerve conduction study showed right C5 radiculopathy. According to the utilization review performed on 12/16/14, the requested Follow up to discuss injection for the right upper extremity has been non-certified. ODG treatment guidelines states that office visits are recommended as determined to be medically necessary. There was limited documentation of significant clinical deficits in the right wrist to support the injection to this area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up with [REDACTED] to discuss injection for the right upper extremity:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Treatment Workers Compensation (TWC)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004), Chapter 7, Independent Medical Examiner, page 127

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The utilization review treatment appeal regarding the date of service 12/18/2014 documented that the patient continues to have persistent neck and bilateral upper extremity pain, worse on the right side. The patient does have significant clinical deficits in the right upper extremity to support an injection in this region. She states that the right hand is getting worse. She reports having electrical sensations in the fingers and sensitivity to touch over the hand. She also reports having increased weakness in the right hand with grasping objects. She does have radiation of her neck pain into the arms, worse on the right side which is aggravated with activities including driving, typing or writing. She is precluded from her usual and customary work. She is precluded from lifting greater than 5 pounds and any type of pulling or pushing requiring more than 10 pounds of force. On examination, there is moderate tenderness of the right dorsal ulnar and mid dorsal wrist and mild tenderness of the right dorsal forearm. Tinel's percussion on the right produces electric shock up the volar forearm. She has tenderness with all the right wrist maneuvers. Compression at Guyon's canal produces numbness in the thumb to middle fingers, right and left which is non-physiologic. The patient does have worsening signs and symptoms in her right upper extremity which need to be addressed as soon as possible. The patient has a history of neck pain, neuropathic pain in her right upper extremity, and radial tunnel syndrome. The patient was then referred for a surgical specialist consultation regarding her right upper extremity and she was seen on 7/23/14. He notes that the patient's exam

is consistent mostly with forearm myalgia with no convincing evidence of peripheral neuropathy. X-rays were normal. She did have a prior nerve conduction study showing right C5 radiculopathy. She was previously using a wrist splint for her right wrist pain. Consideration was made for steroid injection for evaluation of carpal tunnel syndrome and possible radial tunnel injection. At this time, the patient would like to follow up with the specialist to see if she could try the injections for her right upper extremity to see if this would help with her pain. A follow up with the specialist to determine if she is still a candidate for the injection in the right upper extremity depending on the patient's current symptomatology was requested. Medical records indicate that the patient would benefit from the expertise of a specialist. The request for speciality referral and consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for a speciality consultation is medically necessary.