

Case Number:	CM15-0014492		
Date Assigned:	02/02/2015	Date of Injury:	02/01/2012
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old woman sustained an industrial injury on 2/1/2012. The mechanism of injury was not detailed. Conservative treatment had included oral medication, physical therapy, bracing, activity modification, rest, surgical intervention, and IMAK glove. The 12/9/14 cervical MRI impression documented C4/5 diffuse disc herniation encroached upon the subarachnoid space and bilateral C5 exiting nerve roots. There was a C5/6 diffuse disc herniation that encroached the subarachnoid space, with disc herniation and uncovertebral and facet arthrosis that compressed the bilateral C6 exiting nerve roots. At C6/7, there was a focal central disc protrusion with superimposed diffuse disc herniation that compressed the spinal cord with spinal canal stenosis. Disc material and uncovertebral and facet arthrosis compressed the bilateral C7 exiting nerve roots. There was degenerative disc disease from C4/5 to C7/T1. Physician notes dated 12/18/2014 cited continued right hand and wrist pain. Pain was increased with supination and pronation of the right forearm. Physical exam documented mild dorsal wrist tenderness, intact sensory and motor exam, and negative Tinel's at the wrist and elbow. Grip strength was symmetrical. The cervical MRI showed diffuse degenerative disc disease with neuroforaminal narrowing from C4/5 to C6/7 with spinal stenosis at C6/7. The diagnosis was carpal tunnel syndrome, cervical stenosis with bilateral radiculopathy, and status post bilateral carpal tunnel release. The treatment plan recommended right hand and wrist MRI, bilateral upper extremity EMG/NCV, and spine surgery consultation. On 12/30/2014, Utilization Review evaluated a prescription for referral to a spine surgeon for evaluation of cervical spine that was submitted on 1/26/2015. The UR physician noted there is no documentation of a neurological deficit that

corresponds with cervical spine pathology, and no evidence of failed treatment. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently, appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a spine surgeon, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, with activity limitation for more than one month or with extreme progression of symptoms, and unresolved radicular symptoms after receiving conservative treatment. Guidelines typically require clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. Guideline criteria have not been met. There is no current evidence of persistent, severe arm symptoms consistent with cervical radiculopathy. There are significant imaging findings consistent with radiculopathy, but current symptoms and clinical findings are consistent with carpal tunnel syndrome. There is no clinical exam evidence of neural compression consistent with imaging. Additional electrodiagnostic studies are pending. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the cervical spine and failure has not been submitted. Therefore, this request is not medically necessary at this time.