

<b>Case Number:</b>	CM15-0014667		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/23/2010
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old male who reported an injury on 02/23/2010. The mechanism of injury was noted as a branch falling on the injured worker's head, causing him to lose consciousness and fall. His diagnoses were noted as cervicalgia, multilevel degenerative disc disease and spondylosis, lumbago, chronic pain syndrome, and thoracic spine pain. His past treatments were noted to include physical therapy, medication, and activity modification. His surgical history was not provided. His diagnostic studies were noted to include an official MRI of the lumbar spine, performed on 07/17/2014, which was noted to reveal mild degenerative changes, most pronounced at L5-S1, disc bulge with a tiny superimposed disc protrusion. The disc bulge contacts the exiting bilateral L5 nerve roots in the far lateral aspect of the neuro foramina. During the assessment on 01/15/2015, the injured worker complained of chronic neck pain, right trapezius pain, mid back pain, left lower back pain, and lower extremity pain. He indicated that he continued to experience chronic pain at the base of his neck that was more on the left side than the right. The chronic mid back and lower back pain were now more on the left than the right. He stated that he noted radiation of pain into both legs, left more than the right. The physical examination of the cervical spine revealed tenderness and spasm in the left paravertebral and trapezius musculature, more so on the left than the right. The range of motion revealed, cervical flexion was 35 degrees, extension of 20 degrees with left sided neck discomfort at each limit. The physical examination of the thoracic spine revealed mild tenderness and no spasm in the mid thoracic spine left more so than the right. Physical examination of the lumbar spine revealed moderate tenderness in the left lower lumbar spine, left

more than the right. There was mild spasm on the left and minimal on the right. The right and left sciatic notch was nontender. The lumbar flexion brought finger tips to the level of the knees, extension of 15 degrees, right and left lateral tilt 20 degrees with lower back pain at each limit. His medications were noted to include insulin, metformin, Advil, ranitidine, and Tylenol. The treatment plan was to request authorization for a consultation with a cervical spine surgeon. The rationale for the request was not provided. The Request for Authorization form was dated 01/19/2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consultation with cervical spine specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 & 180. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office visits

**Decision rationale:** The request for consultation with cervical spine specialist is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation indicated that the injured worker complained of chronic neck, right trapezius, mid back, left lower back, and lower extremity pain. The request was for a consultation with a cervical spine surgeon; however, the rationale for the request was not provided. As such, the request is not medically necessary.