

<b>Case Number:</b>	CM15-0111324		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Hawaii  
 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 was a 47 year old male, who sustained an industrial injury, August 27, 2013. The injured worker previously received the following treatments cervical spine MRI, brain MRI, cervical spine x-rays, cervical spine CT scan, thoracic spine MI, lumbar spine MRI and cervical spine surgery. The injured worker was diagnosed with cervical spondylosis with cervical myeloradiculopathy, cervicalgia, cervical spine surgery on July 3, 2014 and cervical stenosis. According to progress note of May 28, 2015, the injured workers chief complaint was neck pain with paresthesias in the both upper extremities and occasional numbness in the lower legs and feet. The MRI showed cord compression at the C6-C7 levels. The injured worker was having fasciculations in all four extremities again and developed motor weakness. A repeat MRI of the cervical neck showed effacement of the cord at the C3 level. The physical exam noted normal gait and moved easily on and off the examination table. The deep tendon reflexes were 2 plus and symmetric at the knees 1 plus at the ankles and symmetric at the biceps and triceps and faint at the brachioradialis. The grips were grossly normal. The atrophy at the calf muscles was stable. The injured worker had no tremors. According to the progress note of May 20, 2015 the injured worker's neck pain level was 2 out of 10. The pain was aggravated by sitting, standing, driving, bending and neck movement. The primary treating physician requested a neurology consultation before consulting surgical for surgical intervention. The treatment plan included a neurology consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology consultation:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127.

**Decision rationale:** The patient presents with pain affecting the neck. The current request is for Neurology consultation. The treating physician report dated 5/28/15 (109B) states, "He saw an AME last week and informs me the AME wanted a neurology consult before considering another surgery, so I am requesting that today". ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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". ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The medical reports provided, show the patient has been diagnosed with cervical spondylosis with cervical myeloradiculopathy and cervical stenosis. In this case, the patient presents with chronic neck pain with paraesthesias in both upper extremities and the treating physician is requesting a consult with a neurologist before considering surgery. Furthermore, the treating physician feels that the patient will benefit from the additional expertise of a neurologist before continuing with further invasive treatment. The current request is medically necessary.