

Case Number:	CM15-0115615		
Date Assigned:	06/24/2015	Date of Injury:	08/14/2013
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/16/2015

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: Emergency 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 was a 42 year old female, who sustained an industrial injury, August 14, 2013. The injured worker previously received the following treatments Norco, Omeprazole, Fenoprofen Calcium, cervical spine MRI which showed C6-C7 concentric uncovertebral hypertrophy 2mm producing slight bilateral foraminal narrowing and C5-C6 concentric uncovertebral hypertrophy 1mm producing slight bilateral foraminal narrowing, acupuncture, chiropractic services, EMG (electrodiagnostic studies), heat/ice treatments, exercise and mediations. The injured worker was diagnosed with cervical radiculopathy and cervicgia. According to progress note of May 1, 2015, the injured worker's chief complaint was right shoulder pain. The injured worker rated the pain at 7 out of 10. The pain was characterized as aching and throbbing. The pain radiated to the neck. The mediations were helping. The quality of sleep was normal. The physical exam noted numbness, tingling and right upper extremity weakness. The cervical neck range of motion was restricted with extension of 30 degrees, lateral range of motion was 60 degrees, left lateral range of motion was 30 degrees and lateral range of motion was 45 degrees with normal flexion. The treatment plan included an orthopedic consultation for the cervical spine, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation for the cervical spine, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7- Independent Medical Examinations and Consultations, page 127ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested orthopedic consultation for the cervical spine, as an outpatient is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has right shoulder pain. The injured worker rated the pain at 7 out of 10. The pain was characterized as aching and throbbing. The pain radiated to the neck. The medications were helping. The quality of sleep was normal. The physical exam noted numbness, tingling and right upper extremity weakness. The cervical neck range of motion was restricted with extension of 30 degrees, lateral range of motion was 60 degrees, left lateral range of motion was 30 degrees and lateral range of motion was 45 degrees with normal flexion. The treating physician has not documented physical or diagnostic exam evidence that the injured worker is currently a candidate for cervical surgery. The criteria noted above not having been met, orthopedic consultation for the cervical spine, as an outpatient is not medically necessary.