

<b>Case Number:</b>	CM15-0118733		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, Indiana, New York  
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 male, who sustained an industrial injury on 12/03/2007. He reported left arm pain from driving a different truck, stating it was hard to turn the wheel. The injured worker was diagnosed as having displacement of cervical disc degeneration, cervical radiculopathy, and chronic pain syndrome. Treatment to date has included diagnostics, physical therapy, acupuncture, home exercise, and medications. On 1/26/2015, the injured worker reported neck pain with radiation down his bilateral upper extremities, left greater than right. His pain radiated to his left shoulder and hand and was accompanied by numbness and tingling. He reported frequent muscle spasms in his neck area. Pain was rated 7/10 with medications and 10/10 without. Limitations with activities of daily living were reported. He reported improvement in neck pain and headaches with acupuncture and reported that weather changes worsened pain. Exam of the cervical spine noted spasm bilaterally in the paraspinal muscles, spinal vertebral tenderness C3-T2, tenderness to palpation at the left trapezius, left occipital tenderness, limited range of motion, and no changes in strength or sensation were documented. X-rays of the cervical spine (2010) were referenced. The treatment plan included an orthopedic spinal surgeon evaluation for his cervical spine. Currently (5/18/2015), the injured worker complains of neck pain with radiation and ongoing temporal headaches. Pain was rated 9/10 with medications and 10/10 without. Exam of the cervical spine was unchanged and upper extremity sensory exam continued to be documented as "no change since the patient's last visit". His upper extremity strength was continued to be documented as "unchanged from prior exam". He was "permanently disabled" and not working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic surgeon evaluation of cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Page 127.

**Decision rationale:** Pursuant to the ACOEM, referral orthopedic surgeon evaluation cervical spine is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are cervical disc degeneration; cervical radiculopathy; chronic pain syndrome; left C8 -T-1 radiculopathy per EMG/NCV and left L5 versus S1 radiculopathy; lumbar radiculopathy; lumbar disc degeneration and medication related dyspepsia. Subjectively, according to a May 18, 2015 progress note the injured worker has ongoing neck pain that radiates to the bilateral upper extremities with numbness and tingling, pain score 9/10 with medications. Objectively, there is tenderness to palpation with decreased range of motion at the cervical spine. Utilization review states while obtaining IMR determination regarding the obtaining of the cervical MRI; this should have little bearing upon the medical necessity for consultation by an orthopedic spine surgeon. There was no clinical indication for the MRI of the cervical spine based on no clinically significant neurologic impairment or structural abnormality. There were no unequivocal neurologic findings on examination. There is no clinical rationale in the medical record in the progress notes dated May 18, 2015 for a referral to an orthopedic surgeon for evaluation of the cervical spine. Consequently, absent clinical documentation of unequivocal neurologic findings on examination, red flags and a clinical rationale by the requesting provider, referral orthopedic surgeon evaluation cervical spine is not medically necessary.