

<b>Case Number:</b>	CM15-0039371		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: 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:

The injured worker is a year old male who sustained a work related injury on November 29, 2012, after incurring multiple traumatic injuries after he was crushed by a machine at work. He was diagnosed with a fractured scapula, head contusion and laceration, chest contusion, multiple facial contusions, contusions of his hip and legs and post traumatic stress. Treatments included pain management, psychotherapy, physical therapy, cognitive and speech therapy. Currently on 1/21/15, the injured worker complained of constant chronic pain, headaches, memory loss, tremors and nightmares from his accident.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Spine consultation for Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186-187.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 01/21/15, the 56 year old male does not demonstrate any objective findings or conservative treatment has been performed for the claimant's complaints. Therefore the determination is for non-certification.