

<b>Case Number:</b>	CM15-0062277		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	01/02/1995
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 66-year-old who has filed a claim for chronic neck pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of January 1995. In a Utilization Review report dated March 20, 2015, the claims administrator denied a request for an "evaluation". The claims administrator referenced an RFA form received on March 28, 2015, in its determination, along with March 18, 2015, progress note. The claims administrator framed the request as a request for a surgical consultation owing to progressively worsening neck and upper extremity pain. The denial was based, on large part, on non-MTUS ODG Guidelines related to Level of Service (LOS). The applicant's attorney subsequently appealed. In a progress note dated April 15, 2014, the applicant reported ongoing complaints of neck pain radiating to the upper extremities. The applicant reportedly had cervical MRI imaging demonstrating severe cervical spine pathology. The applicant had gait and balance issues with weakness about the upper extremities, it was further noted. The applicant also experienced episodic urinary incontinence, it was further reported. Decreased strength and sensorium were noted about the upper extremities on exam. The applicant was described as having issues with cervical myelopathy. An urgent spine surgery evaluation was proposed. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Evaluation:** Overturned

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

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

**Decision rationale:** Yes, the proposed "evaluation" was medically necessary, medically appropriate, and indicated here. Per the attending provider's progress notes, the request in question did apparently represent a request for a surgical evaluation. As noted in the MTUS Guidelines in ACOEM Chapter 8, page 180, if surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and especially expectations is (essential). Here, the attending provider posited that the applicant had a worsening cervical myelopathy on or around the date of the request, with symptoms including severe neck pain radiating to the arms, weakness about the arms, hyposensorium about the arms, gait derangement, etc. It was suggested that the applicant was actively considering cervical spine surgery on or around the date(s) in question. Moving forward with the surgical evaluation, thus, was indicated. Therefore, the request is medically necessary.