

Case Number:	CM15-0078065		
Date Assigned:	04/29/2015	Date of Injury:	06/03/2013
Decision Date:	05/29/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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, California
 Certification(s)/Specialty: Family Practice

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 43 year old female who sustained an industrial injury on 6/3/13. The injured worker reported symptoms in the neck and upper extremities. The injured worker was diagnosed as having cervical radiculopathy. Treatments to date have included epidural steroid injection, physical therapy, acupuncture treatment, chiropractic treatments, and trigger point injections. Currently, the injured worker complains of pain in the neck and upper extremities. The plan of care was for surgical consultation. The medication list include Flexeril, Tylenol and depression medication. Patient has received 12 sessions of PT, chiropractic and acupuncture visits for this injury. Per the doctor's note dated 3/31/15 patient had complaints of neck pain with stiffness and numbness and tingling in bilateral UE. Physical examination of the cervical spine revealed limited range of motion with decreased sensation. The patient has had EMG study in 2014 that was normal. The patient has used a TENS unit. The patient has had MRI of the cervical spine on 10/1/14 that revealed disc bulge with foraminal narrowing, degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consult For The Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem chapter 7 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Request: Surgical Consult For The Cervical Spine MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations. Per the cited guidelines, "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." The injured worker was diagnosed as having cervical radiculopathy. Treatments to date have included epidural steroid injection, physical therapy, acupuncture treatment, chiropractic treatments, and trigger point injections. Currently, the injured worker complains of pain in the neck and upper extremities. The medication list include Flexeril, Tylenol and depression medication. Patient has received 12 sessions of PT, chiropractic and acupuncture visits for this injury. Per the doctor's note dated 3/31/15 patient had complaints of neck pain with stiffness and numbness and tingling in bilateral UE. Physical examination of the cervical spine revealed limited range of motion with decreased sensation. The patient has had MRI of the cervical spine on 10/1/14 that revealed disc bulge with foraminal narrowing, degenerative changes. Patient has had conservative treatment with oral medication and still has significant objective findings and abnormal MRI results. Therefore this a complex case and the management of this case would be benefited by a surgical consultation. The request for Surgical Consult For The Cervical Spine is medically necessary and appropriate for this patient.