

Case Number:	CM13-0032765		
Date Assigned:	12/06/2013	Date of Injury:	07/12/2007
Decision Date:	05/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 63-year-old female who was injured in a work-related accident, July 12, 2007. She sustained multiple orthopedic injuries at the time of the accident. Recent clinical assessments for review included upper extremity electrodiagnostic studies of June 26, 2013 that showed "increased irritability bilaterally at the C6 myotome." Further clinical imaging to the cervical spine is not noted. Recent clinical assessment by [REDACTED] of October 11, 2013 indicated continued complaints of neck pain, low back pain, shoulder pain, ear pain, and headaches. Specific to the cervical spine, there was noted to be paracervical muscle tenderness and spasm with 5/5 motor tone, restricted range of motion, equal and symmetrical upper extremity reflexes, and an antalgic gait. No other neurologic findings are documented. There was noted to be diminished sensation, however, in a median nerve root distribution, but no specific radicular fashion. The claimant was diagnosed with multilevel disc protrusions to the cervical spine. At present, there is a request for "cervical spine surgery;" however, the specific levels of procedure, clinical imaging, or other forms of physical examination findings are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR CERVICAL SPINE SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

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

Decision rationale: Based on California ACOEM guidelines, the surgical process for the cervical spine cannot be warranted. There is no clear indication of level of procedure or what specific procedure is to be performed. There lack of documentation of physical examination findings demonstrating a radicular process or complaint process that would warrant operative intervention. The specific request for surgical intervention at this stage in the claimant's chronic course of care given her multiple underlying orthopedic injuries and lack of clear documentation of indication for surgical process would not be supported. Therefore given the above the request is not medically necessary and appropriate.