

<b>Case Number:</b>	CM14-0182525		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 patient is a 40-year-old female. She has a date of injury of March 22, 2007. The patient had cervical decompressive surgery at C5-C7 with fusion in 2011. She still has chronic neck pain. The patient complains of neck pain and muscle spasms and bilateral upper extremity pain. Patient takes medications. She has had physical therapy injections and a TENS unit. She said multiple cervical epidural steroid injections. The patient currently takes narcotics for pain. The patient has been diagnosed with chronic neck pain and cervical myofascial syndrome and failed neck fusion surgery. At issue is whether referral to a neurosurgeon specialist is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to neurosurgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, 183.

**Decision rationale:** This patient does not need a referral to a neurosurgeon. Specifically there is no documented recent change in the patient's chronic pain. The patient has many years of chronic neck pain and has not had improvement with surgery. There is no new documentation of

any significant change in the patient's findings on examination or clinically. The patient has been diagnosed with chronic pain failed surgery of myofascial syndrome. Nothing in the examination warrants a referral to a neurosurgeon at this time. Criteria for referral to neurosurgeon not met. The patient's condition has been stable for very long period of time as documented the medical records. Based on the guidelines and review of medical records the request is not medically necessary.