

<b>Case Number:</b>	CM14-0191716		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/19/2008
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 New York. 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 47-year-old male who has neck shoulder and wrist pain. The patient has a date of injury of March 19, 2008. The patient has had physical therapy. The patient continues to have chronic pain. X-rays of the neck and shoulder show no fractures or dislocations. Patient has had cortisone injection to the right shoulder. Physical examination of the cervical spine shows tenderness and spasm of the cervical musculature. Spurling's test is positive. Range of motion of the neck is limited secondary to pain. There is positive impingement test bilaterally the shoulders. The medical records indicate that the patient has maximized medical improvement with conservative measures. At issue is whether cervical surgery and further injection therapy is medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Neuroplasty with decompression segmental bilaterally at C3-4, C4-5, C5-6 with therapeutic bilateral facet block injections at C4-5 and C5-6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Decompression and Facet Joint Therapeutic Steroid Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG neck pain chapter

**Decision rationale:** This patient does not meet established criteria for cervical decompressive surgery. Specifically there is no clear correlation between physical exams showing specific radiculopathy or myelopathy that is correlated with magnetic resonance imaging (MRI) imaging study showing specific compression of nerve roots. The patient does not have any red flag indicators for cervical decompressive surgery. In addition, facet injections are not medically necessary because the patient does not have physical exam findings that clearly demonstrate facet tenderness. The medical records do not indicate that facet joint pathology is present. Criteria for facet block injections not met. Neuroplasty is also not medically necessary. Medical records do not indicate an indication for neuroplasty.