

<b>Case Number:</b>	CM15-0005073		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old female sustained an industrial injury on 9/7/11. She subsequently reports neck and upper back pain. The injured worker has had an MRI of the cervical spine. Previous treatments include injections and the medications Naproxen, Tramadol and Lidoderm patch. Exam note 1/28/14 demonstrates temporary relief with epidural steroid injections. Exam is reported unchanged. Review of MRI by treating physician demonstrates report of C4-5 and C6-7 herniated discs failing conservative treatment. No formal report of the MRI is attached in the 13 pages of records. Request is made for anterior cervical discectomy and fusion C4/5 and C6/7. The UR decision dated 12/18/14 non-certified the Surgery of Cervical Spine. The Surgery of Cervical Spine was denied based on ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery of Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non radiating pain or in absence of evidence of nerve root compromise. There is no formal report of the MRI of the cervical spine or attached failed conservative measures. Therefore the patient does not meet accepted guidelines for the procedure and the request is non-certified.