

Case Number:	CM15-0006832		
Date Assigned:	01/26/2015	Date of Injury:	07/14/2009
Decision Date:	03/31/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/13/2015

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:

The injured worker is a 49 year old female with an industrial injury date of 07/14/2009. On 11/12/2014 the injured worker presented with complaints of bilateral knee pain and discomfort. He also complained of constant right shoulder pain and discomfort. Physical exam revealed right shoulder range of motion was decreased and there was tenderness to palpation of the anterior shoulder. Left knee range of motion were within normal limits. Right knee range of motion was decreased with tenderness to anterior and medial knee. Prior treatment included diagnostics, physical therapy and medication. Diagnosis were right shoulder pain and dysfunction, AC joint arthrosis and impingement status post right shoulder A/S, SAD with debridement on 06/06/2013 and bilateral knee pain. The provider requested cervical spine surgical intervention. On 12/08/2014 the request for anterior cervical discectomy and fusion at cervical 4-5, cervical 5-6 and cervical 6-7 was non-certified by utilization review. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C4-C5, C5-C6 & C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck &

Upper Back Chapter, Discectomy/laminectomy; Neck & Upper Back Chapter, Fusion, anterior cervical

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 evidence of a formal MRI report of the cervical spine to assist in correlating nerve root compromise from the exam of 11/12/14. There is lack of demonstration of failed conservative care. Therefore the patient does not meet accepted guidelines for the procedure and the request is non-certified.