

<b>Case Number:</b>	CM15-0008149		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 57 year old male who sustained an industrial injury on 9/2/13. The injured worker reported symptoms in the bilateral upper extremities. The diagnoses included cervical radiculopathy vs carpal tunnel syndrome, cervical facet syndrome, cervical paraspinal spasm and right shoulder impingement syndrome. Treatments to date have included physical therapy, neoprene wrist brace, oral medications, and carpal tunnel steroid injection. PR2 dated 12/10/14 noted the injured worker presents with "bilateral upper extremity pain" the treating physician is requesting cervical fusion C5-C7. On 12/19/14, Utilization Review non-certified a request for a cervical fusion C5-C7. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Fusion surgery (C5-C7): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter Fusion, posterior 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 not evidence of significant nerve root compromise from the exam note of 12/10/14. The patient has bilateral upper extremity pain from the exam notes but this does not correlate with any imaging findings. Therefore the patient does not meet accepted guidelines for the procedure and the request is non-certified.