MAXIMUS Federal Services

Case Number:	CM15-0131152		
Date Assigned:	07/17/2015	Date of Injury:	09/20/2011
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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: Illinois, California, Texas
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 injured worker is 46-year-old female who sustained an industrial injury on 9/20/11. The mechanism of injury was not documented. The 3/31/15 treating physician report cited grade 5/10 neck pain radiating to the left upper extremity with numbness, and left shoulder pain. She had been using TENS unit, heating pad, and Thera cane with mild symptom relief. Conservative treatment included oral medications, topical medication and acupuncture with symptom relief. Physical exam documented decreased left shoulder and cervical range of motion, tenderness to palpation over the cervical paraspinal and trapezius muscles, and abnormal reflexes .The diagnosis was cervical degenerative disc disease, myofascial pain, and left shoulder pain. The treatment plan recommended continued medications, acupuncture, home exercise program, and TENS unit. The 6/9/15 treating physician report cited complaints of bilateral hand, wrist and upper extremity pain and numbness. Physical exam findings documented decreased cervical range of motion, severe limitation secondary to guarding, normal gait, and normal reflexes. The diagnosis was cervicalgia/neck pain, and shoulder joint pain. The treatment plan recommended initiation of Gabapentin. Authorization was requested for cervical spine surgery. The 6/30/15 utilization review non-certified the request for cervical spine surgery as there was no documentation of the procedure being requested, imaging findings, conservative treatment to date, or specific objective exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

C- spine surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines state that surgical consideration for the cervical spine is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short-and long-term. Guideline criteria have not been met. This injured worker presents with neck pain radiating into the upper extremities with numbness and tingling. There is no functional assessment documented. Clinical exam findings do not evidence a focal neurologic deficit. Imaging findings are not documented in the available records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, this request lacks specificity needed to establish the medical necessity. Therefore, this request is not medically necessary.