

Case Number:	CM15-0033004		
Date Assigned:	02/26/2015	Date of Injury:	06/13/2013
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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 31-year-old male who sustained an industrial injury on 6/13/13. The injured worker reported symptoms in the back. The diagnoses included right rotator cuff tendinitis and impingement syndrome and adhesive capsulitis, cervical radiculopathy, right lumbar radiculopathy, cervical, thoracic and lumbar spine strain, degenerative joint disease/degenerative disc disease, cervical spine with protrusions, status post prior anterior cervical fusion, status post right shoulder operative arthroscopy on 6/12/14 and 9/23/14 and right shoulder adhesive capsulitis. Treatments to date include oral pain medications, physical therapy, status post prior anterior cervical fusion, and status post right shoulder operative arthroscopy on 6/12/14 and 9/23/14. CT scan cervical spine 10/16/13 demonstrated patient status post C6/7 fusion with lack of bony healing across C6/7 disc space. In a progress note dated January 8, 2015 the treating provider reports the injured worker was with "tenderness to palpation in the upper, mid and lower paravertebral and trapezius muscle, increased pain with cervical motion, tenderness to palpation in the upper, mid and lower paravertebral muscles." On 1/26/15 Utilization Review non-certified the request for posterior cervical fusion C5-C7 foraminotomy C4-C5. 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:

Posterior cervical fusion C5-C7 foraminotomy C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 correlating nerve root compromise from the exam of 1/8/15. The patient has no radiating pain from the exam notes correlating with CT scan of 10/16/13. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.