

Case Number:	CM15-0038871		
Date Assigned:	03/09/2015	Date of Injury:	06/14/2013
Decision Date:	04/17/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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 male patient, who sustained an industrial injury on 06/14/2013. A primary treating office visit dated 01/15/2015, reported subjective complaint of neck pain rated a 4-6 out of 10 in intensity that radiates bilaterally to upper extremities. There is also complaint of lumbar spine pain rated a 5-6 out of 10 in intensity that also radiates to right lower extremity. Exam from 1/20/15 demonstrates unsteady gait, tandem gait with loss of balance and coordination with hyperreflexia. MRI 4/15/14 demonstrates at C2/3 central canal stenosis, C3/4 central canal stenosis, C4/5 no evidence of central canal stenosis, C5/6 with borderline central canal stenosis. Objective findings showed decreased range of motion to both lumbar and cervical spine. The plan of care involved follow up with pain management and prescribed Diclofenac 100mg # 30 and Tizanidine 4mg # 60. The following diagnosis is applied; depressive disorder; cervical disc degeneration and lumbar lumbosacral disc degeneration. The injured worker submitted an application, on 03/02/2015, for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical decompression/fusion at C2-C3, C3-C4, C5-C6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

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 evidence of correlating nerve root compromise from the MRI of 4/15/14. The patient has radiating pain and myelopathy per the exam of 1/15/15. Therefore, the patient does meet accepted guidelines for the procedure and the request is certified.