

Case Number:	CM14-0218319		
Date Assigned:	01/08/2015	Date of Injury:	09/03/2009
Decision Date:	03/31/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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 61 year old female, who sustained an industrial injury on September 3, 2009. The mechanism of injury is unknown. The diagnoses have included cervical radiculopathy and contusion of shoulder region. Treatment to date has included diagnostic studies, surgery, TENS unit, steroid injections to the shoulder, physical therapy and medications. Exam note from 9/18/14 the injured worker complains of pain bilaterally in the neck rated as a 6 on a 1-10 pain scale. She also reported constant radiation into the arm. She also reported left shoulder pain rated as a 2-3 on the pain scale. There was decreased range of motion and reduced motor strength noted. On December 2, 2014, Utilization Review non-certified a cervical arthrodesis by anterior technique (retrospective DOS 9/19/2013) and posterior cervical decompression (retrospective DOS 11/5/2013), noting the ACOEM and Official Disability Guidelines. On December 30, 2014, the injured worker submitted an application for Independent Medical Review for review of cervical arthrodesis by anterior technique (retrospective DOS 9/19/2013) and posterior cervical decompression (retrospective DOS 11/5/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cervical arthrodesis, DOS: 9/19/13: 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, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 9/18/14 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy or correlating with imaging findings. Therefore the determination is for non-certification.

Retrospective Posterior cervical decompression, DOS: 11/5/13: 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, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 9/18/14 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy or correlating with imaging findings. Therefore the determination is for non-certification.