

<b>Case Number:</b>	CM15-0104001		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 28 year old female, who sustained an industrial injury on 07/09/2012. She has reported injury to the neck, right shoulder, and back. The diagnoses have included cervical sprain; right shoulder sprain; lumbar sprain/strain; depression; and insomnia. Treatment to date has included medications, diagnostics, cervical facet injections, lumbar epidural steroid injection, physical therapy, and home exercise program. Medications have included Percocet, Ambien, and Flexeril. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. The injured worker reported that she had the selective nerve root block on 03/25/2015; she felt great for four days, but now the pain has come back, and she is still feeling the burning sensation going down to the right trapezius; has started participating in physical therapy; pain is rated at 5, on 0-10 scale; she feels a hot and burning sensation on the back of the neck; and low back pain persists, and is rated at 3-4 on the pain scale. Objective findings included tightness upon palpation in the cervical spine para-vertebrals; cervical compression test is positive with complaints of pain radiating to the right upper extremity; tenderness to palpation of the right shoulder at the acromioclavicular joint as well as the subacromial space; right shoulder range of motion is restricted; Neer's and Hawkins tests are positive; there is still weakness of the right upper extremity; and there is tenderness to palpation of the right side of the lumbar spine. The treatment plan has included the request for foraminotomy cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Foraminotomy cervical spine:** 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 4/1/15. The patient has radiating pain from the exam notes of but this does not correlate with any imaging findings. Therefore, the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.