

Case Number:	CM15-0016542		
Date Assigned:	02/05/2015	Date of Injury:	03/26/2004
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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:

This 50-year-old female sustained a work-related injury to her neck on 3/26/2004. According to the progress notes dated 1/12/2015, the injured worker's (IW) diagnoses include neck pain, cervical radiculopathy, cervical herniated disc and right carpal tunnel syndrome. She reports shoulder and bilateral upper extremity pain. Previous treatments include activity modification, medications, injections and physical therapy. The treating provider requests anterior cervical discectomy and fusion of three levels. The Utilization Review on 1/20/2015 non-certified anterior cervical discectomy and fusion of three levels, citing ACOEM and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Anterior cervical discectomy & fusion - 3 levels (22551, 22552 x2, 22846, 22851 x3):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

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 1/12/15 do not demonstrate an adequate course of conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore the determination is for non-certification.