

Case Number:	CM15-0063059		
Date Assigned:	04/08/2015	Date of Injury:	07/12/1995
Decision Date:	05/19/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/02/2015

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 55 year old female, who sustained an industrial injury on July 12, 1995. The injured worker has been treated for neck complaints. The diagnoses have included cervicalgia, cervical spondylosis, cervical herniated nucleus pulposus, myelopathy, cervical spinal stenosis and cervical radiculopathy. Treatment to date has included medications, radiological studies, electrodiagnostic studies, epidural steroid injections, bilateral cervical facet blocks, physical therapy, acupuncture treatments and a transcutaneous electrical nerve stimulation unit. Current documentation dated March 12, 2015 notes that the injured worker reported severe burning posterior neck pain with radiation to the right trapezius region. She also noted headaches and difficulty with sleeping related to the pain. Examination of the cervical spine revealed tenderness to palpation of the paracervical and trapezius muscles. Range of motion was noted to be painful and decreased. The treating physician recommended cervical spine surgery due to the injured workers intractable symptoms that have been present for years and have not responded to conservative care. The treating physician's plan of care included a request for an anterior cervical discectomy, decompression, instrumentation and fusion at cervical four-cervical seven.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal anterior cervical discectomy, decompression, instrumentation and fusion at C4-7:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 3/12/15 as there is no updated MRI or electrodiagnostic studies. Therefore, the patient does not meet accepted guidelines for the procedure and the request is non-certified.