

Case Number:	CM15-0072397		
Date Assigned:	04/22/2015	Date of Injury:	05/02/1996
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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 57 year old female who sustained an industrial injury on 5/2/96. The injured worker reported symptoms in the neck and cervical spine. The injured worker was diagnosed as having cervical stenosis of the spine and spondylolisthesis of cervical region. Treatments to date have included oral pain medication, non-steroidal anti-inflammatory drugs, proton pump inhibitor, and muscle relaxant. MRI cervical spine demonstrates severe stenosis C3 to C7 with myelomalacia. Exam note 2/26/15 demonstrates the injured worker complains of neck and cervical spine pain. The plan of care was for surgical intervention and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C3-4, 4-5, 5-6, and 6-7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 183, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back procedure summary online version.

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 exam of 2/26/15. The patient has cervical myelopathy from the exam notes correlating with imaging findings. Therefore the patient does meet accepted guidelines for the procedure and the request is medically necessary.