

Case Number:	CM13-0048651		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2010
Decision Date:	02/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old male who reported a work related injury on 06/20/2010 as a result of repetitive motion to the cervical spine. The patient presents for treatment of cervical radiculopathy. The clinical note dated 11/12/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient presents with full range of motion noted upon physical exam of the cervical spine. There was no tenderness to palpation over the spinous processes and the patient had negative Hoffmann's and Romberg's signs. The patient's range of motion of the bilateral upper extremities was within normal limits, as well as motor and reflex exams. The patient reported subjective decreased sensation over the bilateral C6 dermatomes. The provider documented the patient had failed conservative treatment with anti-inflammatories, physical therapy, and injection therapy, and, therefore, was a surgical candidate for a recommended C5-6 anterior cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

A C5-C6 anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The current request is not supported. California MTUS/ACOEM indicates, for surgical considerations, there must be severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. The clinical notes documented the patient continues to present with cervical spine pain complaints status post sustaining a work related injury. The provider documents the patient has exhausted all lower levels of conservative treatment to include physical therapy, injection therapy, and a medication regimen with no resolve of his symptomatology. However, there was no official imaging submitted for review of the patient's cervical spine to evidence specific significant pathology at the C5-6 to support the requested operative procedure. Given all of the above, the request for C5-C6 anterior cervical discectomy and fusion is not medically necessary or appropriate.